



CUSTOMER SATISFACTION STUDY 2003

Prepared for:

**State of Washington
Department of Labor and Industries**

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INTRODUCTION

Background

The State of Washington Department of Labor and Industries (L&I) workers' compensation program is committed to "providing better service to employers and employees...through effective and efficient service." Additional priorities are "delivering services in a professional and courteous manner" and "to strive to increase customer satisfaction and confidence in our service."

In order to fulfill these commitments, L&I feels it is important to monitor changes in the opinions and perceptions of its customers (businesses and workers) about how well the department delivers workers' compensation services. L&I first commissioned Gilmore Research Group to conduct a baseline study of the overall satisfaction and perceptions of employers and employees in 1998, against which periodic comparisons could be made. The survey was conducted once again in 2000. The current study repeats questions asked in the two previous waves, and it probes an additional area of interest. It tracks the results over the course of the 5-year period to update findings on the quality of L&I's customer service.

Purpose and Objectives

The overall purpose of this study is two-fold:

- To examine the current satisfaction and perceptions of employers and employees with the L&I services and interactions they have experienced; and
- To compare the current results against the baseline results of the 1998 survey and the 2000 benchmark study.

Encompassed within these two overall objectives are several specific topics of focus.

- Determine overall satisfaction with the claims process, with claims services and with specific areas of the claims process and services;
- Learn what areas of the process can be improved; and
- Measure the effectiveness of communications regarding L&I decisions.

Methodology

As in the previous two claims satisfaction studies, this was conducted as a telephone survey of randomly selected employers and workers who had recent claim activity with L&I. The population for this study was defined as any employer or worker in Washington State with activity on a claim between July 2 and December 2, 2002. The activity could consist of a claim being opened or closed, payment(s) received, or an application to reopen a closed claim.

Three separate samples were drawn—employers, workers with medical only claims and workers with time loss claims. Interviews were completed with 311 employer customers, 327 medical only workers, and 314 time loss workers. The overall response rate for employers was 58%, for medical-only 57% and for time-loss 53%. It should be noted that customers without working telephones and non-English speaking customers were not interviewed. More detailed information about claims and claimants is provided at the end of each representative section of this report.

Gilmore Research Group designed the questionnaires for each customer segment in 1998, in conjunction with L&I. The present survey is identical to the original interview with one exception: L&I added a question that asked employers and workers to rate their satisfaction with the overall claims services provided to them (Question 7-O). Copies of the surveys are presented in the Appendix.

The interviews were completed from Gilmore's telephone interviewing facility in Bremerton, Washington between June 10 and July 1, 2003.

The findings of this study are projectable to all similar L&I customers within the July to December, 2002 time frame. The margin of error at a 95% confidence level is $\pm 5.5\%$ for the sample of employers and the sample of time loss workers, and $\pm 5.4\%$ for the medical only workers.

EXECUTIVE SUMMARY

The Executive Summary presents highlights of findings for each of the three survey groups—employers, medical only workers and time loss workers, in that order.

Employers

In general, two-thirds or more of the employers interviewed in this survey were positive toward L&I regarding L&I's claims services in general, on satisfaction with the claims process and with specific elements of the claims process. Negative ratings were as high as 24% and as low as 12%. All of the attributes that were also measured in 2000 and 1998 had ratings that were fairly consistent with those two earlier surveys.

Satisfaction is clearly related to claim activity, protests and the overall perception of L&I's claims services. Employers are more satisfied with the claims process and specific aspects of that process if they have no active claim, have not filed a protest within the past two years, or if they feel claim services are good or excellent, overall. As in the past two surveys, respondents say that the speed of the claims process and a sense of diligence and fairness on the part of L&I are strong influences on their levels of satisfaction. Statistical analysis of satisfaction drivers revealed that speed in getting the employee back on the job has dropped in importance since 2000, but that faith in L&I to protect the interest of employers, to provide fair and prompt claim closure, and to resolve employer problems are all major drivers in satisfaction with L&I and its services.

Specific findings are summarized below.

- Overall Claims Experience: A strong majority (75%) of employers were satisfied with the overall experience of the L&I claims process. This is consistent with results from the two previous studies.
 - Employers who were satisfied most often mentioned a trouble free process as the reason. Those who were dissatisfied most often said they thought L&I was too liberal with claims.
- L&I's Allowance of Claims: 67% said they were satisfied with the way L&I allows claims, same as in the 2000 and 1998 findings.
 - Respondents who were dissatisfied gave as reasons three primary explanations: the process favors employees over employers, L&I is too liberal with payments, and claims managers fail to do adequate research to determine whether prior claims have been made on an injury.
- Disbursement of Benefits: 69% of employers said they are satisfied with L&I procedures for disbursing benefits. These results are unchanged from earlier findings.
- Claim Closures: A strong majority (68%) said they are satisfied with L&I's handling of claim closures, similar to both the 2000 and 1998 findings.
 - Employers who were dissatisfied felt that L&I failed to close claims quickly enough.
- Finding Out Information About Claims: 70% of employers said they thought it was easy to find out information about claims. This is an increase over 2000 (63%) and about the same level as 1998 (74%).

- Protests: In 2003, fewer employers reported having filed a protest with L&I during the previous two years (17%), than in either of the earlier studies (21% in 2000; 29% in 1998).
 - Over half of those who filed protests said the decisions they received in response were clear.
- Employer's Portion of the "Report of Accident": 65% said they "always" receive the employer's portion of the accident report and another 22% said they "usually" get the report (22%).
 - Most employers think their portion of the accident report is useful in providing information about employee injuries.
- Overall Claims Services: In a new question this year, respondents were asked for an overall rating of claims services provided by L&I. A majority (51%) gave claims services a rating of "good" and 16% said "excellent." Another 21% said "fair" and 10% felt the services were "poor" overall.
 - Employers who rated claims services as "fair" or "poor" said false claims, the length of time involved in processing claims, liberal payments, and claims continued for too long were the reasons.
- Agreement With Attribute Statements: A majority of employers agreed with all of these statements, as seen below.
 - Information mailed to me arrived in a reasonable time – 94% agree
 - Staff was courteous and professional – 93%
 - My questions were answered in a way I could understand – 93%
 - The information mailed to me was easy to understand – 92%
 - Claims were handled in a reasonable time – 87%
 - The standard of a phone call returned in 48 hours is reasonable – 83%
 - My phone calls were returned within 48 hours – 81%

- I was easily able to find the right person at L&I to answer my questions – 75%
- Claims staff were able to resolve my concerns / problems – 72%
- L&I protects the interest of employers – 58%
- The process did not take too long to get my employees back to work – 58%

None of the 2003 responses to these statements demonstrated any increase in employer total agreement. There were several statements, however, where there was less strong agreement than in 2000, with subsequently greater response falling into “some” agreement. Several of these statements suggest possible softening regarding positive feeling toward basic L&I services:

- Fewer *strongly* agree that ...
 - staff is courteous and professional
 - questions are answered so that I can understand
 - mailed information is easily understood
 - staff able to resolve my concerns/problems

Softening of positive response to these next statements may suggest that the increasing expectation of quick turnaround in today’s business world is impacting the strength of positive feeling:

- Fewer *strongly* agree that...
 - the 48-hour phone return standard is reasonable
 - claim was handled in a reasonable time

- Suggestions to improve the claims process: 24% discussed improvement related to claims, 16% said staff improvements and 6% mentioned better-written materials.

It is noteworthy that the sample of employers over the past three waves of this study has shown an increase in the proportion who say they were aware of all injuries in the survey period that occurred prior to the claim being filed—65% in

1998, 72% in 2000 and 77% in 2003. This suggests that employers are doing a better job in oversight of injuries and getting employees into the claims process. This may also be related to the observed decline in the proportion of employers who report filing a protest within the previous two years—29% in 1998, 21% in 2000 and 17% in 2003. Survey results show that filing a protest is related to employer dissatisfaction with L&I, so it is to L&I's benefit to see the proportion of protesting employers decrease.

Also noteworthy is the finding that significantly fewer employers in 2003 found it was difficult to get information regarding claims.

Overall, employer satisfaction with the L&I claims process and services is high and has remained fairly stable over the past three surveys—since 1998. Drivers of satisfaction this year appear to have changed from speed of getting employees back on the job to speed and fairness in closing the claim. One driver of satisfaction that hasn't changed is the perception of employers that L&I protects the employer's interests, which is an important reminder for L&I to pay attention the customer service steps that helps employers through the process—problem resolution, helpful staff, and understandable information. L&I should watch to see if turnaround time is becoming more important to employers and be ready to be responsive to that need, should it become more evident.

Medical Only Workers

It should be noted that the medical only workers in 2003 represent only those workers who indicated that they had no work absence of more than three days that was related to their injury. In order to have a comparable sample of 2000 medical only workers to compare results with, the 2000 data was re-analyzed with only the same type of medical only workers included. The 1998 data was not available for re-analysis, thus comparisons in this section are between 2000 and 2003, only. While the 2000 data with and without these workers appears comparable, it can be argued that medical only workers who had a work absence related to their injury—real or perceived—may feel differently about their L&I experience than those who did not have an injury-related work absence. For this reason, it should be noted that the findings shown here may represent a liberal, more positive viewpoint of satisfaction than would be found among all medical only workers. More information about the 2003 sample of medical only workers is given in the section Detailed Findings – Medical Only.

Even when compared only with the same type of workers from the 2000 survey, these 2003 medical only workers show very high levels of satisfaction and positive feeling for L&I on almost all of the attributes tested. Many of these levels are significantly higher than those given by similar workers in 2000. The findings suggest that over the past several years, L&I has provided the attention and service that these workers feel is appropriate for their needs.

Satisfaction for these medical only workers appeared to be driven, in part, by the high proportion of respondents who felt that their claims process was fair and that everything went smoothly for them. Other drivers behind the satisfaction were the ease of getting their claim accepted and bills paid. The only access element not called “very easy” by a majority of these respondents was finding out what benefits and services are available. A positive perception of L&I’s claim services overall is directly related to timeliness of the process and timeliness of returning

calls, as well as being encouraged to ask questions and having the sense of L&I protecting their interests. Summarized findings are:

- Overall Claims Experience: 59% of medical only workers said they were “very” satisfied with the claims experience, a significant increase over 2000 (44%). The number of workers who said they were “very” dissatisfied decreased significantly (2003 – 3%; 2000 – 12%).
 - Workers who said they were satisfied attributed it to trouble free servicing.
- Reasons for Claims Decisions: 84% said they thought the reasons for claims decisions were clear. This proportion is a significant increase over 2000 results (65%).
- Fairness of Claims Decisions: Almost all of these medical only workers (92%) said they thought the decisions made about their claims were fair, a significant increase over 2000 (74%).
- Ease of Accessing the Claims Process: 78% of medical only workers said they thought it was “very” easy to get their claims accepted, and 74% said they thought it was “very” easy to get their medical bills paid. Nearly half (47%) thought it was “very” easy to find out about available benefits and services. Each of these proportions shows significant increases over 2000 survey results.
- Ease of Understanding the Process: Nearly half of medical only workers (49%) said it was “very” easy to understand the claims process. This rating represents a significant increase over those who gave similar ratings in 2000 (38%).

- Workers who said it was very easy to understand the process most often said they learned about workers compensation from their workplace or union.
- Overall Claims Services: A majority of these medical only workers rated overall claims services provided by L&I positively: 43% rated the overall services “excellent” and an equal proportion rated services “good.”
 - Those who gave a rating of “fair” or “poor” said they did so because they had experienced unresolved problems, difficulty getting bills paid or inadequate explanations by L&I staff.
- Agreement With Attribute Statements: Large proportions (three-quarters and more) of these medical only workers agreed with all aspects of L&I claims services:
 - My claim is being/was handled in a reasonable time – 92% agree
 - The forms I had to fill out were not difficult – 92%
 - The information mailed to me was easy to understand – 91%
 - L&I protects the interest of injured workers – 91%
 - Staff was courteous and professional – 87%
 - Information mailed to me arrived when I needed it – 87%
 - My phone calls were returned within 48 hours – 82%
 - My questions were answered clearly – 82%
 - I understand the claim process better now than when I first filed my claims – 82%
 - The standard of a phone call returned in 48 hours is reasonable – 79%
 - I was able to reach someone at L&I to answer my questions – 78%
 - I was encouraged to ask questions if I wanted to – 74%

Only two of the statements did not show significant improvement over the 2000 findings and none showed any decrease in agreement. The two

statements that showed no change were agreement that the 48-hour standard for returning calls is reasonable (55% currently agree strongly) and the forms were easy to fill out (66% currently agree strongly).

- Suggestions to improve the claims process: Most of these medical only workers (59%) could not come up with any offered suggestions, indicating that they couldn't think of anything for improvement. The balance of the group, however, offered a wide variety of ideas, many having to do with communications and general information.

About the same proportion of workers had open claims this year (10%) as in 2000 (16%). It is interesting that unlike time loss workers where satisfaction is lower when claims are open, medical only workers who have open claims tended to be more satisfied with L&I than those without open claims. It may be that if the experience is positive overall, for medical only workers, that the immediacy of having an open claim reminds them of the good aspects of L&I's performance.

In general, given this particular group of medical only workers, they show a high level of satisfaction and good will toward L&I. The higher ratings observed in 2003 over already good ratings in 2000 suggest that L&I has been working to improve client services and that these medical only workers have validated those efforts. These efforts should be applauded and continued, remembering that medical only workers value fairness and open communication. They also want to feel that L&I is watching over their interests. As with the time loss workers, an area that could use more work is in helping injured workers find out what services and benefits are available.

Time Loss Workers

The time loss workers demonstrated 2003 satisfaction levels that were all significantly higher than those seen in 2000 and 1998, with at least three in four workers satisfied with the claims process. Ease of accessing the process was also significantly better rated in 2003 for getting claims accepted, bills paid and payments continued. The only access elements not called “very easy” by a majority of time loss workers were getting payments started and finding out about available benefits and services. Ratings for this latter element—finding out about what benefits and services are available—have not changed over the three studies, suggesting one place where L&I can work to make information easier for workers.

Satisfaction with the process appeared to be directly related to (driven by) getting payments. If time loss workers felt that the claim decision was fair, and it was easy to get payments started, payments came on time and continued as long as needed, then satisfaction with the process was high. Positive feelings about L&I’s claims services overall were related to perceptions that L&I cares about the worker (encourages questions, answers questions, protects work interests and is easy to reach) and handles claims in a timely way. Summarized findings are:

- Overall Claims Experience: 74% of time loss workers said they were satisfied with the claims experience, a significant increase over 2000 (61%) and 1998 (56%). The “very” satisfied response was particularly strong (36% compared with 28% in 2000 and 29% in 1998).
 - Satisfied workers most often attributed their rating to having a trouble free experience with the claim process.
 - Dissatisfied workers said they thought the process was too slow.
- Reasons for Claims Decisions: 78% said they thought the reasons for claims decisions were clear. This proportion is a significant increase over

2000 results (64%), and 1998 findings (62%). Significantly fewer said the reasons were unclear (2003 – 14%; 2000 – 21%; 1998 – 25%).

- Fairness of Claims Decisions: 82% of the time loss workers said they thought the decisions made about their claims were fair; 9% said they were unfair. These results represent significant changes over previous years: 2000 – 64% said decisions were fair and 25% said they were not fair; 1998 – 53% (fair), 28% (not fair).
- Ease of Accessing the Claims Process: These proportions of time loss workers said they thought it was “very” easy to:
 - Get their medical bills paid (68%; significantly more than 2000 – 57% or 1998 – 55%);
 - Get their claims accepted (54%; significantly more than 2000 – 44% or 1998 – 41%);
 - Have time loss payments continue as eligibility continues (50%; significantly more than 2000 – 37% or 1998 – 38%);
 - Get time loss payments started (40%; significantly more than 2000 – 28%);
 - Find out about available benefits and services (41%--no change from 2000 or 1998).
- Time Loss Payments: Over half of all time loss workers (54%) said payments “always” arrive on time, significantly more than in 2000 (41%) or 1998 (45%).
- Permanent Partial Disability: 10% of all time loss workers reported having received a PPD payment, about the same as in 2000. Asked about their medical exam, 77% of the 30 respondents said the exam was “complete and accurate.”

- Ease of Understanding the Process: Asked how easy it was to understand the process as they progressed through the program, 72% of time loss workers said they thought it was easy, and 25% said they thought it was difficult. These results are similar to 2000 findings.
 - Workers who said it was easy to understand said they were helped by materials provided by L&I, (39%), workplace or union-supplied resources. Those who said the process was not easy to understand felt it would be helpful to have more or better contact with L&I.

- Overall Claims Services: Over two-thirds (69%) of the time loss workers rated L&I's claims services positively on an overall basis: 27% said "excellent" and 42% said "good." Another 21% said "fair" and 8%, "poor."
 - Those who said "fair" or "poor" gave a variety of reasons, none of which came from a very high proportion of workers: they disliked having a claim handled poorly or too slowly, having an injury that still presented a problem, having difficulty getting bills paid, or customer service problems with L&I.

- Agreement With Attribute Statements: A strong majority of time loss workers agreed with all of these statements about L&I claims services:
 - I understand the claim process better now than when I first filed my claims – 88% agree
 - Staff was courteous and professional – 85%
 - The forms I had to fill out were not difficult – 84%
 - The information mailed to me was easy to understand – 81%
 - My questions were answered clearly – 81%
 - Information mailed to me arrived when I needed it – 80%
 - My claim is being/was handled in a reasonable time – 80% agree

- L&I protects the interest of injured workers – 78%
- The standard of a phone call returned in 48 hours is reasonable – 74%
- I was encouraged to ask questions if I wanted to – 74%
- My phone calls were returned within 48 hours – 66%
- I was able to reach someone at L&I to answer my questions – 63%

Eight of these 12 statements showed significant increases in strong agreement and none showed any decreases in agreement over the 2000 findings.

- More *strongly* agree that...
 - staff is courteous and professional
 - staff answers my questions clearly
 - L&I encouraged me to ask questions
 - my claim was handled in timely way
 - mailed information arrived when I needed it
 - the 48-hour phone return standard is reasonable
 - I now understand the process better
 - L&I protects the interests of the injured worker
- Suggestions to improve the claims process: The largest concentration of suggestions had to do with increasing contact and communication with L&I.

Fewer time loss workers this year had open claims, and this likely contributed to the higher positive ratings of the process and of L&I's claim services.

Overall, time loss worker response to the 2003 survey showed significant positive changes in opinion over the 2000 and 1998 findings. The 2000 study showed that speed is important to the time loss worker, as they often need their payments to help cover wage losses. Speed and most payment-related attributes in 2003 were well rated, often higher than in 2000. Time loss workers

also value access to L&I and getting questions answered, along with the feeling that L&I protects the worker's interest—all attributes that were more highly rated this year. Areas where L&I could work to increase time loss worker satisfaction is in the ease of getting payments started and in being able to learn what benefits and services L&I has available.

DETAILED FINDINGS

The detailed findings of the surveys are presented in three separate sections: employers, medical only workers and time loss workers.

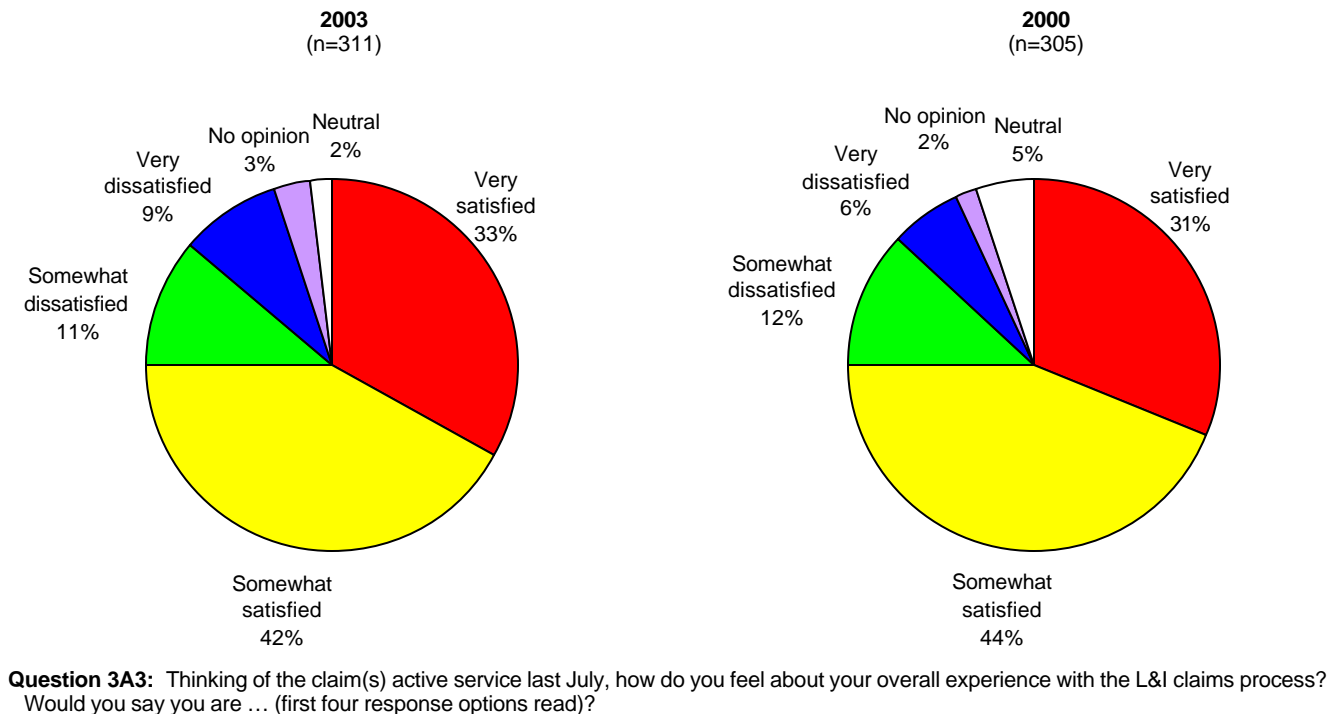
Throughout each section statistically significant differences between subgroups are discussed. These subgroups include analysis by such things as overall satisfaction rating, open versus closed claims, whether or not a protest has been filed and type of contact. Additionally, statistically significant differences between the 1998 and 2000 surveys are also mentioned, where possible.

DETAILED FINDINGS – EMPLOYERS

Overall Satisfaction

A strong majority of employers (75%) were satisfied with the overall experience of the L&I claims process: 33% said they were “very satisfied” and 42% said “somewhat satisfied.” One employer in five (20%) was “somewhat” or “very dissatisfied. (Figure 1) These results are consistent with those obtained in the two previous studies.

Figure 1 – Employers
Overall Experience



Key Subgroup Differences

- Employers with inactive claims were more likely than employers with active claims to give a rating of “very” satisfied (47% versus 24%);
- Those who had not filed a protest within the past 2 years were more likely than those who had, to give a rating of “very” satisfied (39% versus 13%).

- Respondents who rated L&I's claims services high, overall, were more likely to say they were "very" satisfied (46%), than were those who said those services were fair/poor (7%).

As a follow-up question employers were asked to give their reasons for their rating. Table 1 shows the reasons given by employers who were satisfied overall, and Table 2, the reasons given by employers who were dissatisfied.

Table 1 – Employers Reasons Given For The Overall Claims Process Rating - Among Employers Who Said They Were Very / Somewhat Satisfied -	
	Total (n = 235)
<u>Any Positive Comments</u>	61%
No trouble, no problems, claim process went smoothly	47
Doctor bills paid, medical bills too	4
Good communication, L&I accessible, responsive	4
Other positive	8
(Responses with 2% or less of total positive comments are categorized as "other" positive.)	
<u>Any Negative Comments</u>	30%
Process took too long	7
L&I is too liberal / payments allowed are too high	4
Poor communication, L&I not accessible	3
A lot of paperwork	3
Question validity of claims	3
Other negative	11
(Responses with 2% or less of total negative comments are categorized as "other" negative.)	
Other comments	3
Don't know/Not sure	5
Refused	3
Question 3B: Why do you say that? Multiple response question; responses proportions may add to more than 100%.	

Table 1 shows that, overall, employers are satisfied with the claims process experience if everything goes smoothly (47%).

As the table also shows, employers made both positive and negative statements. Respondents who were "very" satisfied gave most of the positive remarks (89%),

compared to respondents who were only “somewhat satisfied” (38% positive remarks, 48% negative remarks). These results are similar to past findings.

Employers who said they were dissatisfied with the experience most often said they thought L&I was too liberal with claims (23%). (Table 2) Some had questions about the truth of employee claims (18%) and others said they thought that more investigation of claims was needed (12%). It is noteworthy that fewer employers this year than in other years mentioned poor communication as a reason for their dissatisfaction (8% in 2003, compared to 23% in 2000 and 20% in 1998).

Table 2 – Employers Reasons Given For The Overall Claims Process Rating - Among Employers Who Said They Were Very / Somewhat Dissatisfied -	
	Total (n = 60)
<u>Any Negative Comments</u>	<u>88%</u>
L&I is too liberal / payments allowed are too high	23
Question validity of claims	18
More investigation of claims is needed	12
Process took too long	8
Poor communication, L&I not accessible	8
Get claims information to employers faster	5
Allow more input from employers	5
Other negative	25
(Responses with 2% or less of total negative comments are categorized as “other” negative.)	
<u>Any Positive Comments</u>	<u>3%</u>
Don't know/Not sure	5
Refused	3
Question 3B: Why do you say that? Multiple response question; responses proportions may add to more than 100%.	

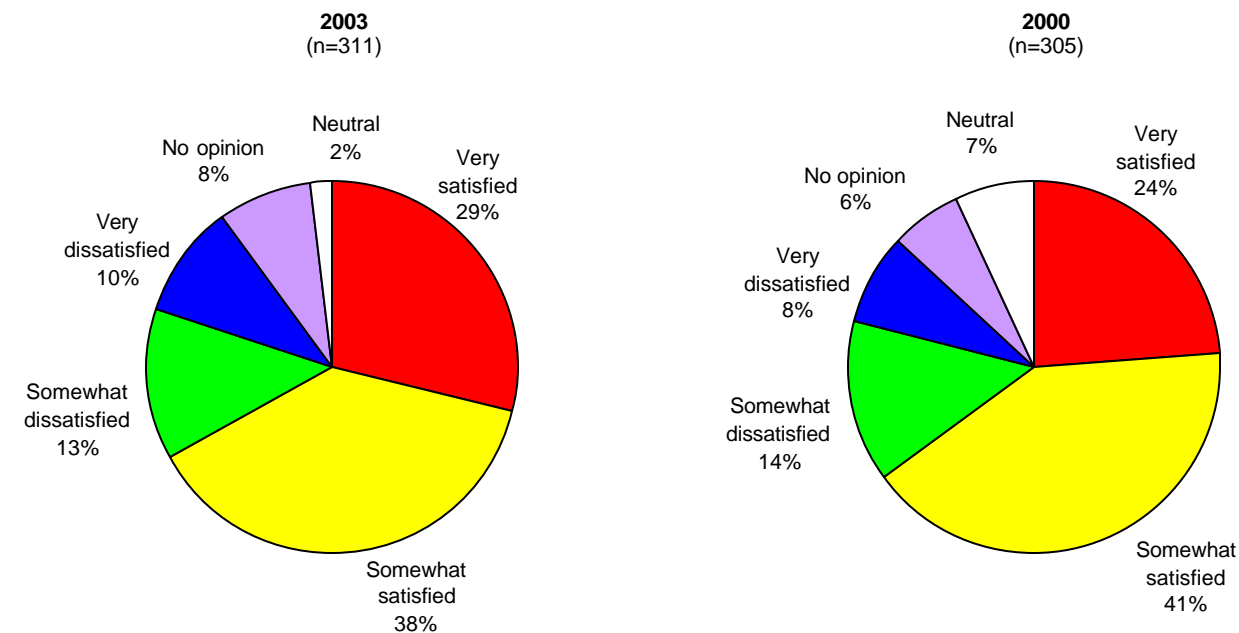
Satisfaction with Specific Elements of the Process

Employers were asked several questions about specific aspects of the claim process. They were asked to rate their degree of satisfaction with the way L&I allows claims, disburses benefits and handles claim closures. They were also asked how easy it was for them to find out information about claims and protest decisions, and what they thought of the employer's accident report.

How L&I Allows Claims

About two-thirds of employers (67%) said they were satisfied with the way L&I allows, or approves, claims; 29% are "very" satisfied. About one-fourth (23%) said they were "somewhat" or "very dissatisfied." (Figure 2) These results parallel 2000 and 1998 findings.

Figure 2 – Employers
Satisfaction with Allowing Claims



Question 3C3: How satisfied or dissatisfied are you with the way L&I "allows" claims?

Key Subgroup Differences

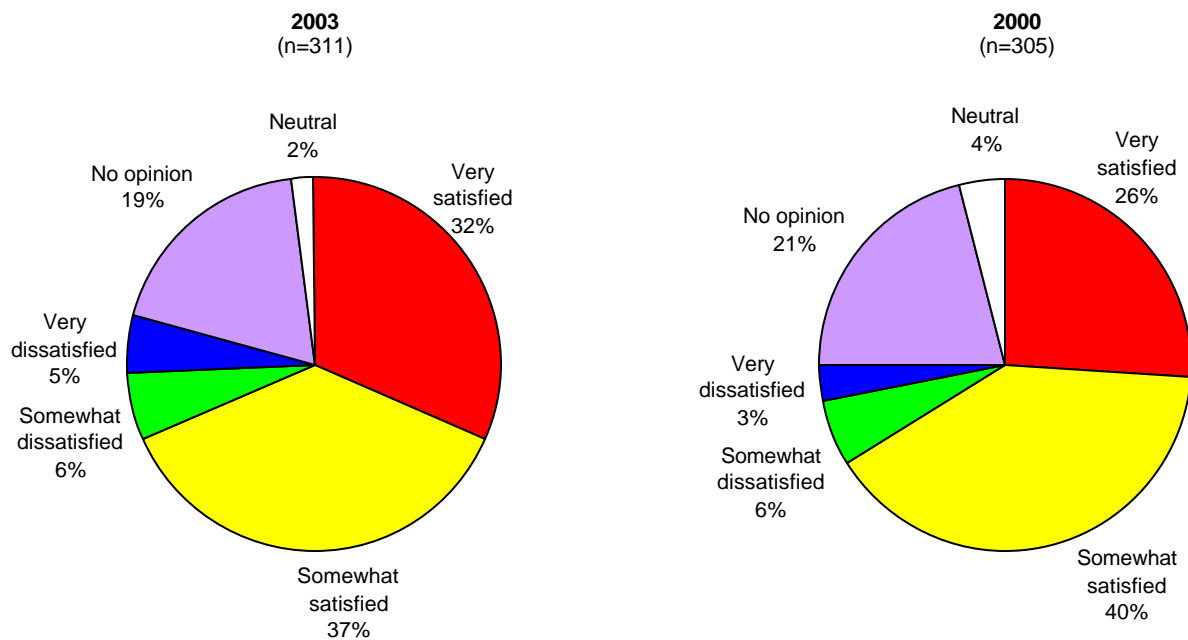
- Employers who were very/somewhat satisfied with the overall claims experience were more likely than those who were very/somewhat dissatisfied, to be satisfied with the way L&I allows claims (77% versus 32%).
- Respondents with inactive claims were more likely than employers with active claims, to say they were “very” satisfied (41%, versus 19%).
- Those who had not filed a protest within the past 2 years were more likely than those who had, to say they were satisfied with the way L&I allows claims (76% versus 31%).
- Respondents who rated claims services high, overall, were more likely to say they were satisfied with the way L&I allows claims than those who rated them low (83%, compared to 32%).
- Respondents who said they were dissatisfied with L&I on allowing claims gave three primary reasons. (Table 3) As in previous years, they discussed feeling that the process favors employees over employers (37%), that L&I is too liberal with payments (27%) and that claims managers fail to do adequate research to determine whether prior claims have been made on an injury (20%).

Table 3 - Employers Reasons Why Employers Are Dissatisfied With The Way L&I Allows Claims	
	Total (n = 71)
Give employee too much benefit of doubt, don't listen to the employer side, not objective, allows bogus claims	37%
L&I is too liberal/payments allowed too high/too long a time	27
Claims manager did not research enough any pre-existing condition to see if there was a prior claim on this injury	20
Other	21
Don't know / Refused	5
Question 3C3A: Why do you say that? Responses with 4% or less of total response (or 3 or fewer mentions) are shown as “Other” response. Multiple response question; proportions may sum to more than 100%.	

Satisfaction with Disbursement of Benefits

Most employers (69%) continued to be satisfied with L&I procedures for disbursing benefits. (Figure 3) As in past years, few employers were dissatisfied this year (11%). This aspect of the claims process has always had a relatively high proportion of employers who were neutral or had no opinion (20%-25%).

Figure 3 – Employers
Satisfaction with Disbursements



Question 3C6: How satisfied or dissatisfied are you with the procedures for disbursing benefits?

Key Subgroup Differences

- Employers who were very/somewhat satisfied with the overall claims experience were more likely than those who were very/somewhat dissatisfied, to be satisfied with the procedures for disbursing benefits (77% versus 40%).
- Those who had not filed a protest within the past 2 years were more likely than those who had, to say they were “very” satisfied with L&I’s procedures for disbursing benefits (34% versus 20%).

- Respondents that rated L&I's claims services high overall were more likely to say they were satisfied with the procedures than those who rated services low (41% compared to 12%).

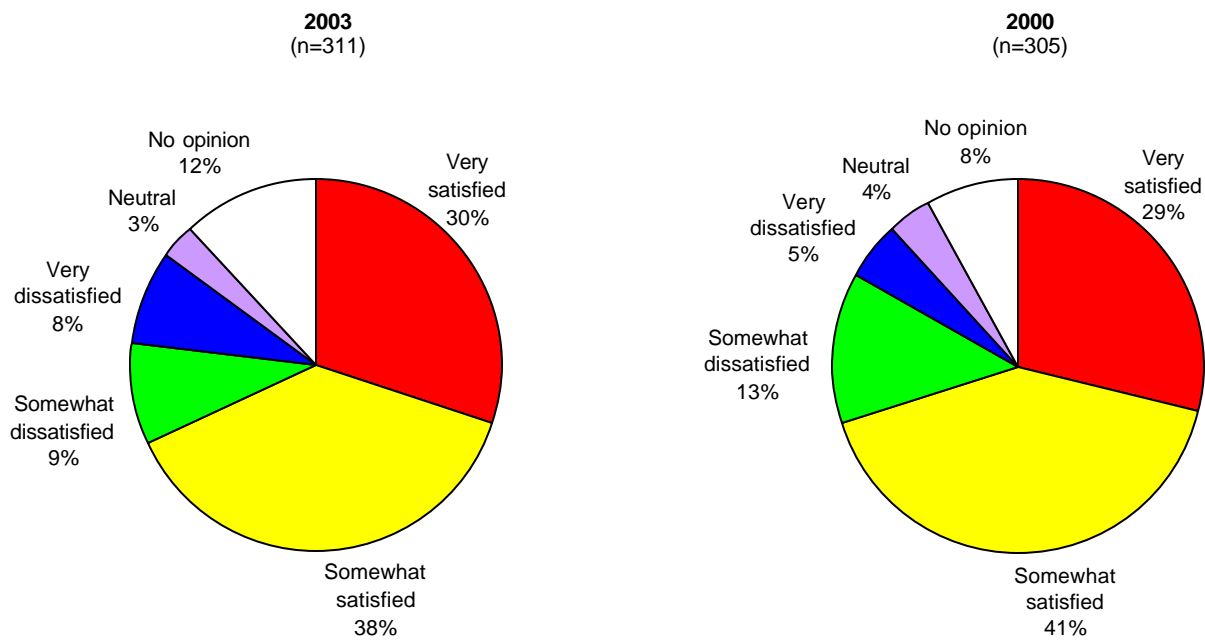
The 33 employers who said they were “very” or “somewhat dissatisfied” with the way benefits are dispersed said their dissatisfaction stemmed from a perception that L&I fails to investigate enough before funds are disbursed. This comment surfaced more often this year than in past studies: 45% of the dissatisfied employers gave this reason in the current survey compared to 22% in 2000 and less than 2% in 1998.

The Way L&I Handles Claim Closures

Once again, a majority of employers (68%) said they were satisfied with the way L&I handles claim closures (30% “very satisfied;” 38% “somewhat satisfied”).

(Figure 4) The proportion that said they were dissatisfied with claim closures has remained about the same from year to year—17% to 18%.

Figure 4 – Employers
Satisfaction with Claim Closures



Question 3D3: How satisfied are you with the way L&I handles claim closures?

Key Subgroup Differences

- Employers who were very/somewhat satisfied with the overall claims experience were more likely than those who were very/somewhat dissatisfied, to be satisfied with the way L&I handles claim closures (77% versus 32%).
- Respondents with inactive claims were more likely than respondents with active claims, to say they were “very” satisfied (43% versus 21%).

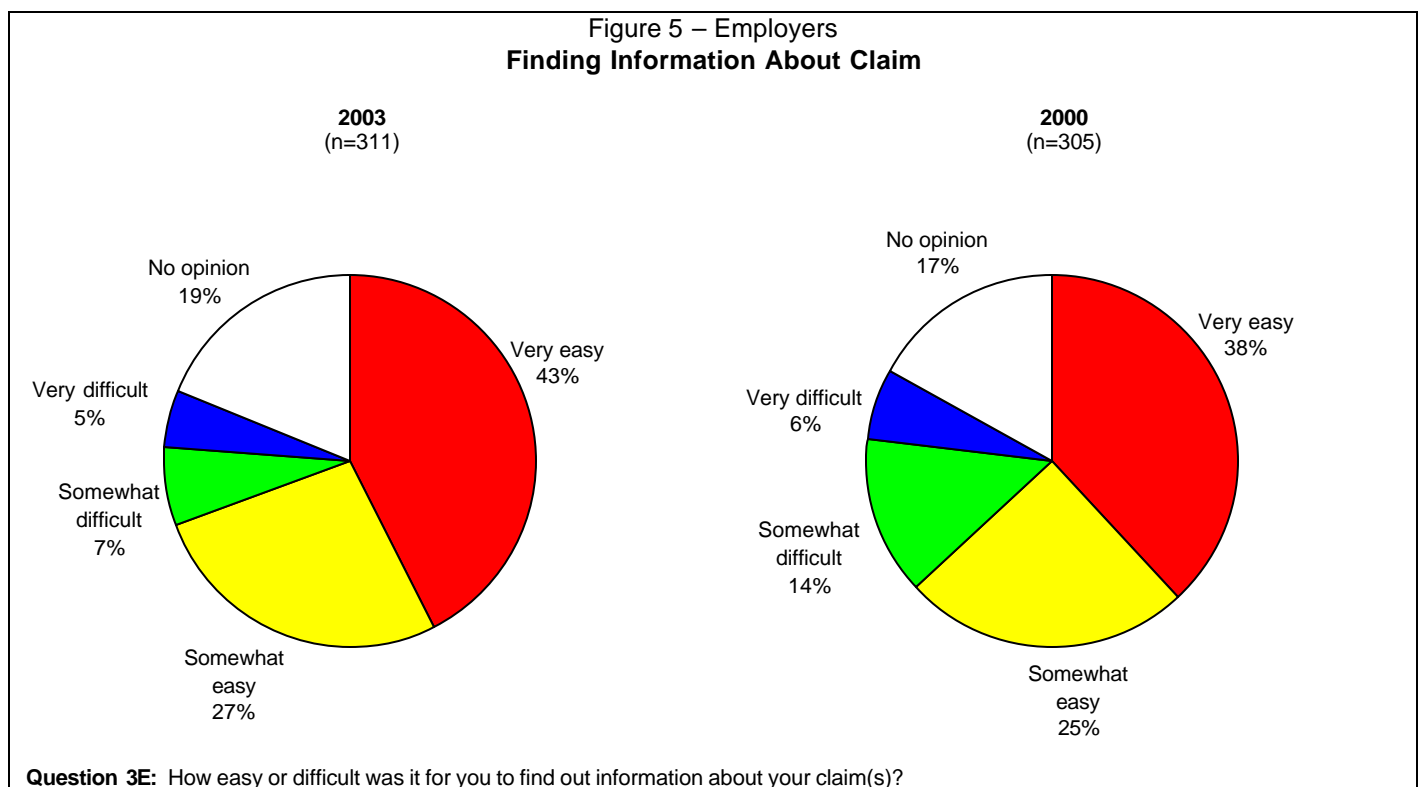
- Those who had not filed a protest within the past 2 years were more likely than those who had, to say they were “very” satisfied with claim closures (35% versus 9%).
- Respondents with high overall ratings for claims services were more likely than those who rated services low (40%, compared to 9%), to say they were “very” satisfied with the way L&I handles claim closures.
- Employers who had mail contact with L&I (30%) and employers who had phone contact (27%) were more likely than those who contacted L&I in person (9%), to say they were “very” satisfied with claim closures.

The 53 employers who were dissatisfied with the way L&I closes claims often said they felt this way because they thought claims were not closed quickly enough (40%). (Table 4) Remarks of this nature declined from 2000 (66%) and 1998 (69%). This year, employers frequently said they were dissatisfied because they thought injury claims were bogus, or were not investigated fully in the first place (23%). This type of remark was not given by more than 2% of this employer subgroup in either of the two previous studies.

Table 4 - Employers Reasons Why Employers Are Dissatisfied With The Way L&I Handles Claim Closures	
	Total (n = 53)
Claim not closed quick enough; takes too long to close; don't close claims even when employee returns to work	40%
Bogus claims / not investigated	23
L&I reopens claims with no information to employer	9
Protest was not handled in timely manner	8
Other	17
Don't know / Refused	6
Question 3D4: Why do you say that? Responses with 6% or less of total response (or 3 or fewer mentions) are shown as “Other” response. Multiple response question; proportions may sum to more than 100%.	

Finding Information About Claims

As Figure 5 shows, 7 out of 10 employers (70%) said they thought it was easy to find out information about claims. The proportion that said it was easy is up over 2000 (63%) and about the same level as 1998 (74%). It is notable that significantly fewer employers said they thought it was difficult to find out information about claims this year (12%), than in 2000 (20%). The level this year is comparable to the proportion of employers in 1998 who said getting information was difficult (15%).



Key Subgroup Differences

- Employers who were very/somewhat satisfied with the overall claims experience were more likely than those who were very/somewhat dissatisfied (47% versus 28%), to say it was easy to find out information about claims.

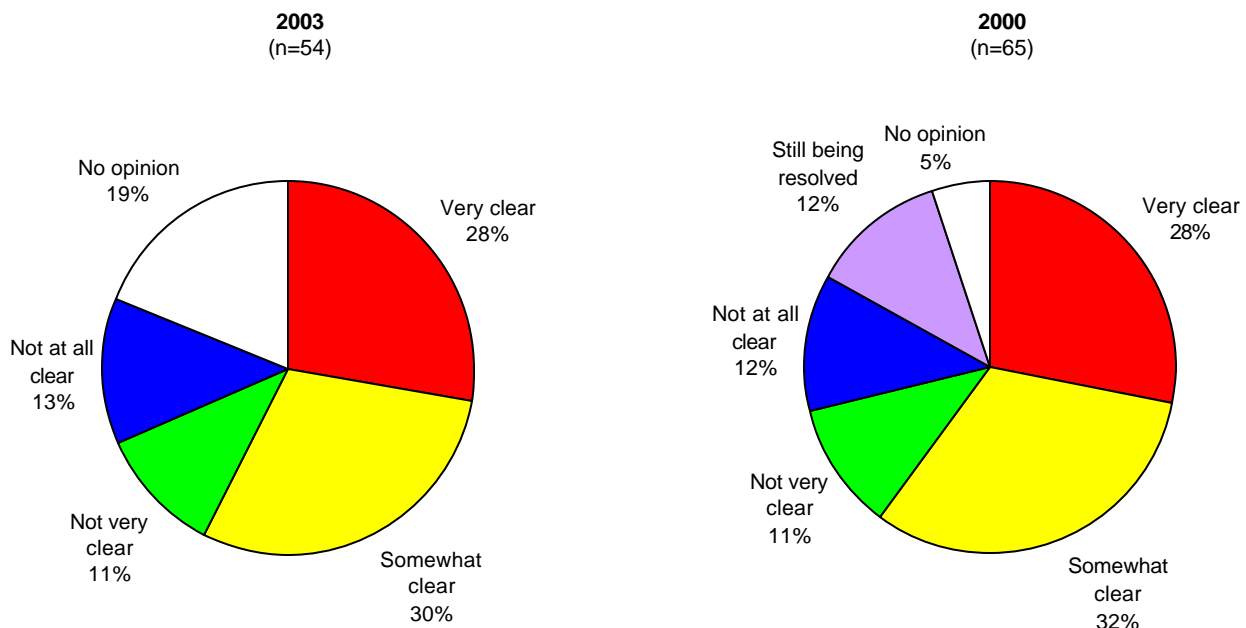
- Respondents who had not filed a protest in the past two years were more likely than those who had filed a protest (47% versus 28%) to say it was “very” easy to find out about claims; additionally, those who *had* filed protests were more likely to say it was “somewhat” easy (44%), compared to those who had not filed protests (23%).
- Those who rated claims services high overall were more likely than those who rated services low (51% versus 26%) to say it was “very” easy to get information about claims; moreover, those who rated claims services high were also more likely than those who rated services low (35% versus 23%) to say it was “somewhat” easy to get information about claims.

Explanation of Protest Decisions

This year fewer employers reported having filed a protest with L&I during the previous two years (17%), than in either of the earlier studies (21% in 2000 and 29% in 1998).

Employers who filed a protest were asked to rate the clarity of the decision made in response to the protest. (Figure 6) Fifty-eight percent (58%) said it was clear (28% said “very” clear), and 24% said it was unclear (13% said “not at all clear”). These proportions are not different than past findings.

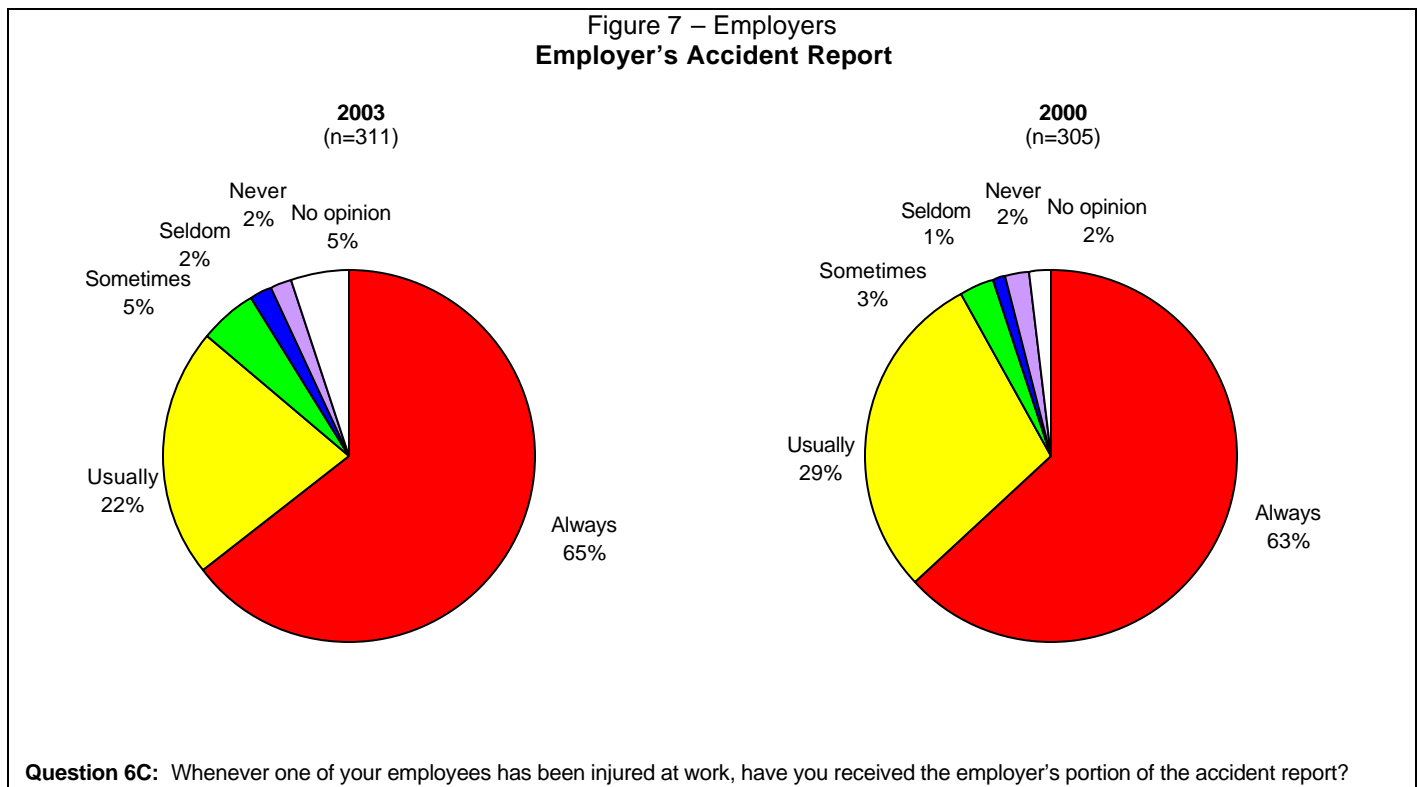
Figure 6 – Employers
Explanation of Protest Decisions



Question 4B3: Thinking of the decision made in response to your protest, how did you feel about the explanation L&I provided on that decision, was the explanation ... ?

Receiving the Employer's Portion of the "Report of Accident"

About two-thirds of respondents (65%) said they "always" receive the employer's portion of the accident report when a worker is injured on the job and another 22% said they "usually" get it. (Figure 7) The number who said they "seldom" or "never" get the report has been consistent from year to year.



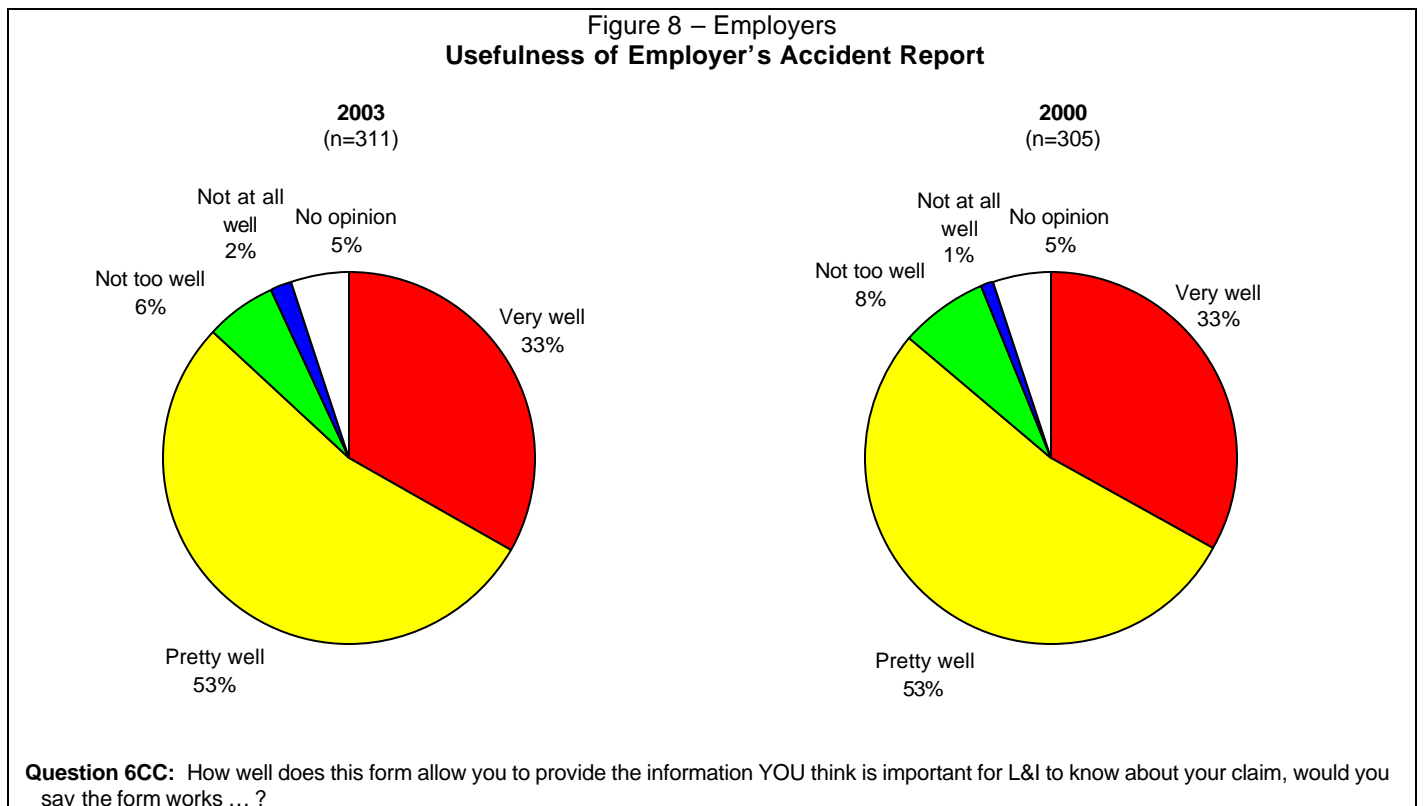
Key Subgroup Differences

- Respondents who had not filed a protest in the past two years were more likely than those who had filed a protest (70% versus 48%), to say they "always" received the employer's portion of the report; also, those who *had* filed protests said they "usually" received the employer's portion (33%), in comparison to those who *had not* filed a protest 19% of whom said, "usually."
- Employers with inactive claims were more likely than employers with active claims, to say they "always" received their portion (78% versus

57%); employers with active claims more often said they “usually” receive the report (28%); in comparison, 10% of employers with inactive claims said “usually.”

Usefulness of the Employer’s Portion of the “Report of Accident”

Most employers (86%) think their portion of the accident report is useful as a document to provide information about employee injuries. (Figure 8) Thirty-three percent (33%) thought the form worked “very well,” the same as in 2000 and nearly the same as in 1998 (38%).



Key Subgroup Differences

Among those more likely to say the form works “very well” were:

- Employers who were very/somewhat satisfied with the overall claims experience (38%), compared to those who were not (15%);

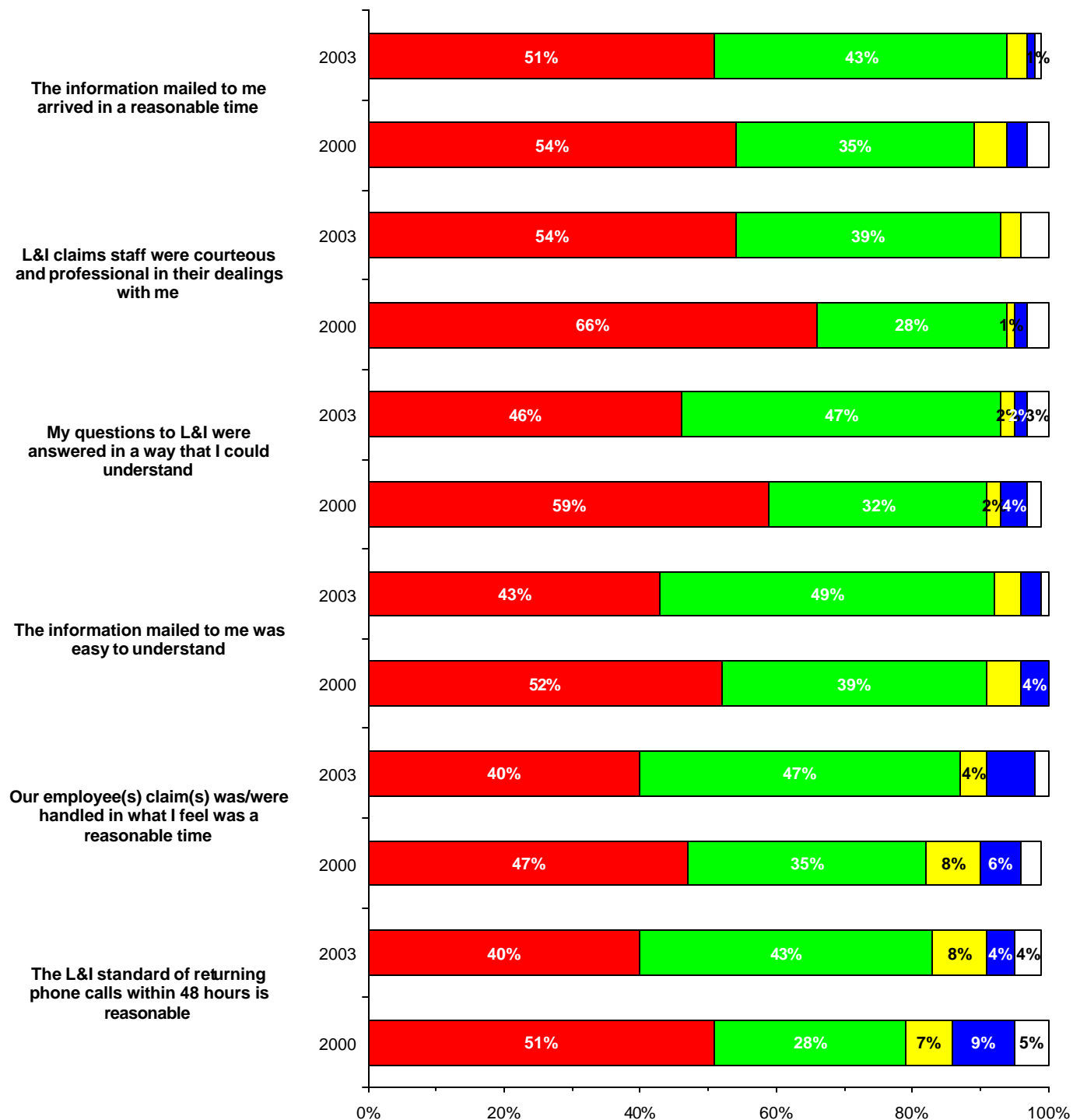
- Respondents with inactive claims (43%), compared to those with active claims (26%);
- Those who did not protest a decision in the previous two years (38%), compared to employers who did (15%); and
- Respondents who rated the claims services high overall (44%), compared to those who rated services low (10%).

Perceptions of the Process, Staff and L&I Policies

As in past studies, the survey asked employers to evaluate a number of statements about the L&I claims process, and to rate the degree with which they agreed or disagreed with the statements. Results are shown in Figure 9.

Figure 9 – Employers
Agreement with Attribute Statements

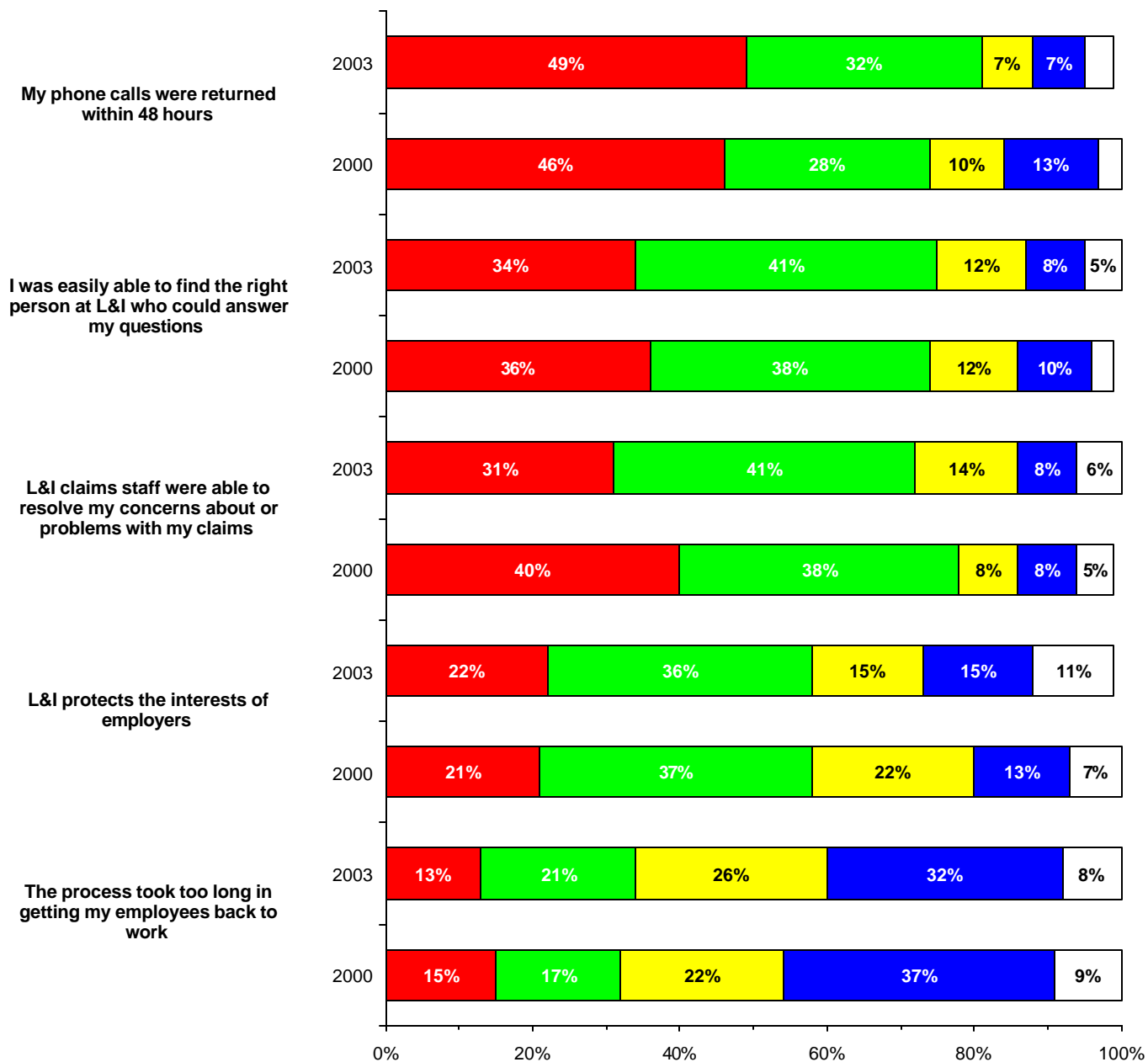
Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree No Opinion



Bases (2003 precedes 2000): Q7A = 265/231; Q7B = 267/230; Q7C = 136/144; Q7D = 249/261; Q7E = 253/244; Q7F = 252/247; Q7G = 301/296; Q7H = 251/249; Q7J = 226/237; Q7K = 222/211; Q7N = 305/301.

Figure 9 – Employers (Continued)
Agreement with Attribute Statements

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree No Opinion



Bases (2003 precedes 2000): Q7A = 265/231; Q7B = 267/230; Q7C = 136/144; Q7D = 249/261; Q7E = 253/244; Q7F = 252/247; Q7G = 301/296; Q7H = 251/249; Q7J = 226/237; Q7K = 222/211; Q7N = 305/301.

While a majority of employers agree with all of the positive aspects of the claims experience, strong positive feelings about some parts of service show signs of softening. Evidence can be found in the following summary of significant changes.

Fewer employers in 2003 said they “strongly agree” and more said they “somewhat agree” with these statements:

- L&I claims staff were courteous and professional in their dealings with me (54% agreed strongly in 2003, compared to 66% in both 2000 and 1998; 39% agreed somewhat in 2003, compared to 28% in both 2000 and 1998);
- My questions to L&I were answered in a way that I could understand (46% agreed strongly in 2003, compared to 59% in 2000 and 56% in 1998; 47% agreed somewhat in 2003, compared to 32% in 2000 and 37% in 1998);
- The information mailed to me was easy to understand (43% agreed strongly in 2003, compared to 52% in 2000 and 56% in 1998; 49% agreed somewhat in 2003, compared to 39% in 2000 and 35% in 1998);
- Our employee(s) claims(s) was/were handled in what I felt was a reasonable time (47% agreed somewhat in 2003, compared to 35% in 2000 and 36% in 1998; 40% agreed strongly in 2003, compared to 47% in both 2000 and 1998);
- The L&I standard of returning phone calls within 48 hours is reasonable (40% agreed strongly in 2003, compared to 51% in 2000 and 55% in 1998; 43% agreed somewhat in 2003, compared to 28% in 2000 and 29% in 1998);
- L&I staff were able to resolve my concerns about or problems with my claims (31% agreed strongly in 2003, compared to 40% in 2000 and 42% in 1998; 41% agreed somewhat in 2003, compared to 38% in 2000 and 35% in 1998).

Key Subgroup Differences

- Respondents who were very/somewhat satisfied with their overall claims experience differed significantly from those who were very/somewhat dissatisfied in their overall agreement or disagreement with the following statements:
 - The information mailed to me was easy to understand - (satisfied - 96% agree; dissatisfied - 78% agree)
 - The information mailed to me arrived in a reasonable time - (satisfied - 96% agree; dissatisfied - 87% agree)
 - The claim(s) was/were handled in a reasonable amount of time - (satisfied - 94% agree; dissatisfied - 58% agree)
 - L&I staff were able to resolve my concerns about or problems with my claim(s) - (satisfied - 82% agree; dissatisfied - 40% agree)
 - L&I protects the interests of employers - (satisfied - 69% agree; dissatisfied - 19% agree)
 - The process took too long in getting my employee(s) back to work - (satisfied - 66% *disagree*; dissatisfied - 27% *disagree*)
- Employers having inactive claims with L&I differed significantly from employers with active claims in their degree of agreement or disagreement with these statements:
 - The information mailed to me was easy to understand - (inactive claims - 56% agree strongly; active claims - 35% agree strongly)
 - The information mailed to me arrived in a reasonable time - (inactive claims - 59% agree strongly; active claims - 46% agree strongly)
 - The claim(s) was/were handled in a reasonable amount of time – (inactive claims - 96% agree overall; active claims - 80% agree overall)

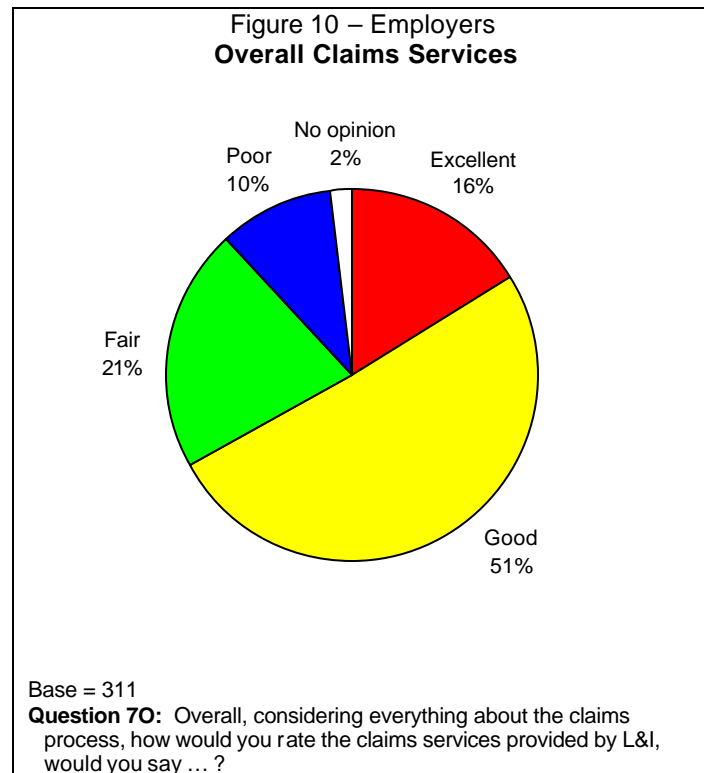
- My questions to L&I were answered in a way that I could understand - (active claims - 38% agree strongly; inactive claims - 63% agree strongly)
 - L&I staff were able to resolve my concerns about or problems with my claim(s) – (inactive claims - 46% agree strongly; active claims - 23% agree strongly)
 - The process took too long in getting my employee(s) back to work - (inactive claims - 78% *disagree* overall; active claims - 45% *disagree* overall)
 - L&I protects the interests of employers - (active claims - 37% *disagree* overall; inactive claims - 23% *disagree* overall)
- Respondents who rated overall claims services excellent/good differed significantly from those who rated the overall claims services fair/poor, in their degree of agreement or disagreement with the following statements:
 - The information mailed to me was easy to understand - (excellent/good rating - 96% agree overall; fair/poor rating - 84% agree overall)
 - The information mailed to me arrived in a reasonable time - (excellent/good rating - 58% agree strongly; fair/poor rating - 35% agree strongly)
 - My phone calls were returned within 48 hours - (excellent/good rating - 56% agree strongly; fair/poor rating - 36% agree strongly)
 - The L&I standard of returning phone calls within 48 hours is reasonable - (excellent/good rating - 89% agree overall; fair/poor rating - 70% agree overall)
 - My questions were answered in a way that I could understand - (excellent/good rating – 55% agree strongly; fair/poor rating - 30% agree strongly)

- L&I claims staff were courteous and professional in their dealings with me - (excellent/good rating - 60% agree strongly; fair/poor rating - 41% agree strongly)
 - I was easily able to find the right person at L&I who could answer my questions - (excellent/good rating - 82% agree overall; fair/poor rating - 62% agree overall)
 - The claim(s) was/were handled in a reasonable amount of time - (excellent/good rating - 97% agree overall; fair/poor rating - 66% agree overall)
 - L&I staff were able to resolve my concerns about or problems with my claim(s) - (excellent/good rating - 88% agree overall; fair/ poor rating - 45% agree overall)
 - L&I protects the interests of employers - (excellent/ good rating - 77% agree overall; fair/poor rating - 21% agree overall)
 - The process took too long in getting my employee(s) back to work - (excellent/good rating - 70% *disagree overall*; fair/poor rating - 35% *disagree overall*)
- Employers who have not filed protests with L&I within the past 2 years differed from those who had, in their degree of agreement or disagreement with the following statements about the claims experience:
 - The information mailed to me was easy to understand – (no protests – 50% agree strongly; protests – 19% agree strongly)
 - The information mailed to me arrived in a reasonable time - (no protests – 55% agree strongly; protests – 35% agree strongly)
 - The L&I standard of returning phone calls within 48 hours is reasonable - (protests – 28% agree strongly; no protests – 44% agree strongly)
 - My questions were answered in a way that I could understand - (protests – 31% agree strongly; no protests – 51% agree strongly)

- The claim(s) was/were handled in a reasonable amount of time –
(no protests – 90% agree overall; protests – 73% agree overall)
 - L&I staff were able to resolve my concerns about or problems with my claim(s) -
(protests – 48% *disagree overall*; no protests – 14% *disagree overall*)
 - L&I protects the interests of employers - (protests – 63% *disagree overall*; no protests – 20% *disagree overall*)
 - The process took too long in getting my employee(s) back to work -
(no protests – 63% disagree overall; protests – 42% agree overall)
- Employers who had contact with L&I by telephone, in person, or through the mail varied significantly in their level of agreement or disagreement with the following statements about the claims experience:
 - The information mailed to me arrived in a reasonable time – (phone contact and mail contact (each type) - 50% agree strongly; face-to-face contact – 28% agree strongly)
 - The L&I standard of returning phone calls within 48 hours is reasonable (phone contact - 47% agree strongly; mail contact – 41% agree strongly)

Overall Rating of Claims Experience

A new question in 2003 asked respondents to consider everything discussed about the claims process, and give an overall rating of the claims services provided by L&I. They were told to think about a scale of quality ranging from excellent to poor and to choose a rating: excellent, good, fair or poor. (Figure 10)



Two-thirds of employers (67%) gave L&I claims services an overall positive rating, with a majority saying the services are “good” (51%), rather than “excellent” (16%). Nearly one-third (31%) gave a negative rating, with 21% saying “fair,” and 10% rating services “poor.”

Employers who said claims services were “fair” or “poor” were asked to give reasons why. (Table 5) Complaints about false claims (19%) and the length of time involved in processing claims (16%) were given, along with comments closely related to these topics, such as remarks about liberal payments and

claims continued for too long (10%). Some employers remarked that they had past negative experiences with the department (10%), and some said they thought L&I sided with employees (8%). A few (7%) suggested there be more communication between L&I and employers. These comments can be useful in understanding dissatisfied employers' perceptions of L&I's claim services.

Table 5- Employers Reasons for Dissatisfaction With The Overall Claims Services Provided -Among Those Who Said Services Were Fair / Poor	
	Total (n = 97)
False claims	19%
Takes a long time to process a claim	16
Too liberal / hand out too much money / let claims continue too long	10
Past negative experiences with L&I / negative feelings about L&I	10
L&I doesn't work with employers / Takes employees' sides	8
More contact by phone/letter is needed / understaffed	7
They are fair / do a good job	7
Customer services provides no explanation / fails to answer questions	5
Lots of forms / too much red tape	4
Do not protect the employee or employer / look at each situation	4
Other	10
Don't know / Refused	12
Question 7P: Why do you say that? Multiple response question; proportions may sum to more than 100%.	

Key Subgroup Differences

Among those most likely to give an excellent/good rating for overall claims services are the following:

- Employers who are satisfied with the overall claims experience (80%), compared to those who are dissatisfied with the overall experience (23%);
- Those who have currently inactive claims (77%), compared to those with active claims (61%); and
- Respondents who have not filed a protest with L&I within the past two years (73%), compared to those who have (41%).

Employer Suggestions

The survey concluded by asking employers, “If L&I could make one change that would have made the claim process better for you, what would it be?” (Table 6)

Table 6 – Employers Suggestions For Improving the Claims Process	
	Total (n = 311)
<u>Claims</u>	<u>24%</u>
Speed up the claims process	6
Question the validity of claims	4
Allow more input from employers	4
Better/more communication between doctors and L&I	3
L&I is too liberal / payments are too high / process continues too long	2
Get employees back to work sooner	2
Other claims-related	2
<u>Staff</u>	<u>16%</u>
More investigation needed on claims	7
More communication from claim manager	4
Faster phone service	2
Other staff-related	4
<u>Written Materials</u>	<u>6%</u>
More detailed written information / provide more specific information	2
Update forms, makes forms fit needed info better	2
Shorter forms	2
Other written materials-related	1
Other suggestions	5%
Nothing/can't think of anything	2%
Don't know	36%
Refused	11%
Question 8M1: If L&I could make one change that would have made the claim process better for you, what would it be? Responses with 1% or less of total response (or 4 or fewer mentions) are shown as “Other” response. Multiple response question; proportions may sum to more than 100%.	

Similar to 2000 findings, employers mainly discussed issues related to claims (24%), giving suggestions to speed up the process (6%), question the validity of claims (4%) and allow more input from employers (4%). Sixteen percent (16%) of comments related to L&I staff, including 7% of statements requesting staff provide more investigation of claims. Suggestions made about written materials comprised 6% of remarks this year, about the same as in the previous two waves of the study.

This year 38% offered no suggestions, which is down slightly from the 2000 and 1998 surveys (45% and 49%, respectively).

Characteristics of Claims, Contact and Employer Sample

All of the employers surveyed had at least one active claim since July 1, 2002, and over half (55%) had at least one active claim at the time they were interviewed. The proportionate number of employers having claims active during the survey period is similar to the 2000 results (62%), but significantly lower than the proportion reported in 1998 (65%). Consistent with previous waves, those employers who were dissatisfied with the overall claim process were more likely to have a currently active claim (77% dissatisfied; 49% satisfied). Employers who downgraded claim services overall were also more likely to have a currently active claim (66% rated services low; 50% rated services high).

Since 1998 there has been a gradual but significant increase in the number of employers aware, prior to the filing of the claim, of *all* employees injured at work. In this study 77% said they knew about all injuries and 8% said they knew about some but not all. In comparison, in 1998 fewer employers knew about all employees injured (65%), and more knew about some injuries, but not all (23%). In 2000, employers reported having similar levels of awareness of injuries as this year (72% knew about all; 15% knew about some but not all).

The number of employer respondents who reported having filed protests within the previous two years has declined consistently since the baseline study. In 1998, 29% protested an L&I claim. This year fewer than one out of five (17%) said they had filed a protest, down slightly from 2000 (21%). Similar to previous waves, employers that were dissatisfied overall were more likely to have filed a protest than those who were satisfied (30% dissatisfied; 14% satisfied).

The percentage of employers who have had contact with L&I through the mail returned to a level recorded in 1998 (86% - 2003; 87% - 1998). In 2000 the proportion dipped to 77%. Nearly three-quarters (70%) of the employers who had contact through the mail did so through forms or form letters, approximately

the same proportion as in past surveys. About half (51%) exchanged personalized letters or letters with specific details.

The proportion of employers who have had contact over the phone (49%) or talked with someone in person (7%) has remained about the same from year to year. Respondents who were dissatisfied with the overall claims experience were more likely to have had telephone contact with L&I than those who were satisfied (63% satisfied; 45% dissatisfied). Degree of satisfaction with the overall claims experience was not associated with any other types of contact with L&I.

Employers most often said that they contacted L&I by telephone to check on the status of claims (39%). (See Table 7) They also called to voice concerns about claims remaining open (17%), and to verify information related to a claim (13%).

Table 7 – Employers Reasons for Phone Contacts With L&I	
	Total (n=152)
Learn about the status of claim(s)	39%
Concerns about the claim(s) remaining open	17
Verify information on a claim / collect more information	13
Concerns about the validity of claim	5
Disagreement about decisions to pay benefits / allow claim	3
Notify claims manager of work available for an injured employee	3
Other	15
Don't know/Not sure	7
Refused	3
Question 5A: What were the reasons, or purpose of the telephone contact? Responses with 2% or less of total response (or 3 or fewer mentions) are shown as “Other” response. Multiple response question; proportions may sum to more than 100%.	

Table 8 shows the job title as provided by respondents. The proportion of top-level administrators who were interviewed increased to 35% this year, from 26% in 2000, and 23% in 1998.

Table 8 – Employers Job Titles	
<u>Owner/Top Executive</u>	<u>35%</u>
Owner/Proprietor/Co-owner	22
President CEO	6
Director/Exec Director	5
Vice President	3
<u>Manager/Supervisor</u>	<u>27%</u>
Office Manager/Supervisor	14
Other Manager	9
General Manager/Superintendent	2
Assistant Manager	1
Administrator/Supervisor	1
<u>Finance/Accounting</u>	<u>20%</u>
Bookkeeper/Accounts Payable	9
Treasurer/Secretary Treasurer	2
Controller Accountant	9
<u>Other</u>	<u>18%</u>
Secretary/Office Assistant	1
Personnel/Human Resources Dir./Benefits Administrator	12
Safety Officer	1
Clerk	2
Other	3

DETAILED FINDINGS – MEDICAL ONLY

About the 2003 Sample

In the questionnaire programming for 2003 a change inadvertently occurred that allowed the interview to be terminated for certain respondents. These respondents were ones who said that their injury had caused them to be absent from work for more than three days—the definition of a time loss worker. While the absentee information was likely correct, the work absence was of a nature that did not qualify these injured workers for time loss status. L&I had classified these injured workers as “medical only” and under that definition they would have been carried through the entire interview, as they were in 1998 and 2000. In 2000, about one in four medical only respondents said they had missed work for more than three days, about the same proportion (24%) of respondents that were terminated in the 2003 survey after saying they had missed work for more than three days.

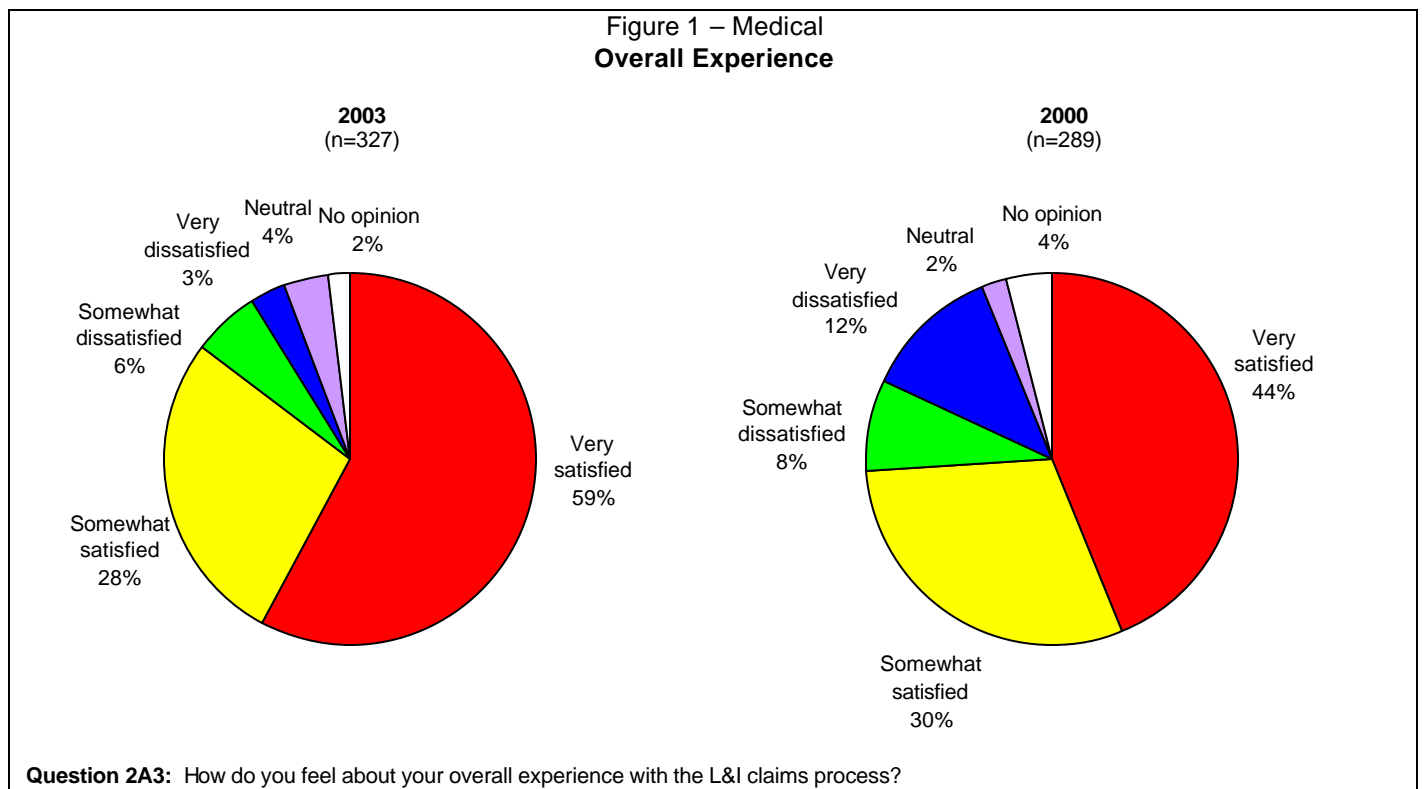
In order to be able to compare 2003 results with 2000, the 2000 data were rerun to exclude the respondents who reported missing more than three days of work due to their injury. This provided a sample of 289 medical only workers for 2000, with a maximum error range of $\pm 5.8\%$ to compare with the 2003 sample of 327 with an error of $\pm 5.4\%$. Unfortunately, the 1998 data was not available to be rerun in a similar fashion, therefore all comparisons in these detailed findings are for 2003 and 2000, only.

While the 2000 data with and without these workers appears comparable, it can be argued that medical only workers who had a work absence related to their injury—real or perceived—may feel differently about their L&I experience than those who did not have an injury-related work absence. For this reason, it should be noted that the findings shown here may represent a liberal, more positive viewpoint of satisfaction than would be found among all medical only workers.

On the other hand, when comparing like groups from 2000 and 2003, the satisfaction levels are higher in 2003.

Overall Satisfaction

The proportion of medical only workers giving positive ratings for their overall experience with the L&I claims process was 87%--59% “very” satisfied with the process and 28% “somewhat” satisfied. (Figure 1) Less than one in ten (9%) indicated dissatisfaction.



These ratings show significant change from 2000 utilizing data that are comparable to the workers interviewed in 2003: 44% of workers rated themselves “very” satisfied with the experience in 2000 and 12% said they were “very” dissatisfied. The 2003 findings show dramatic increases in satisfaction among these medical only workers who did not lose more than three days of work due to their injury.

Key Subgroup Differences

- Workers having contact with L&I through the mail were more likely than those having phone contact to say they were satisfied with the overall experience (88% versus 77%).
- Those who rated L&I's claims services high overall were more likely to say they were satisfied than those who rated the services low (93% versus 54%).

Those who said they were satisfied with the overall experience were asked why. (Table 1) A majority attributed their satisfaction to trouble-free servicing (64%). In 2000 58% gave this as a reason.

Table 1 – Medical Reasons Why Workers Are Satisfied With the Claims Process - Among Those Who Said They Were Very / Somewhat Satisfied -	
	Total (n =285)
Any Positive Comments	73%
No trouble, no problems, claim process went smoothly	64
Doctor bills paid, medical bills too	5
Good communication, L&I accessible, responsive	3
Other positive	2
(Responses with 2% or less of total positive comments are categorized as "other" positive.)	
Any Negative Comments	17%
Claim closed too soon, L&I won't reopen claim	4
Process too slow	6
Other negative	9
(Responses with 2% or less of total positive comments are categorized as "other" positive.)	
Don't know/Not sure	9
Question 3B: Why did you say that? Multiple response question; responses proportions may add to more than 100%.	

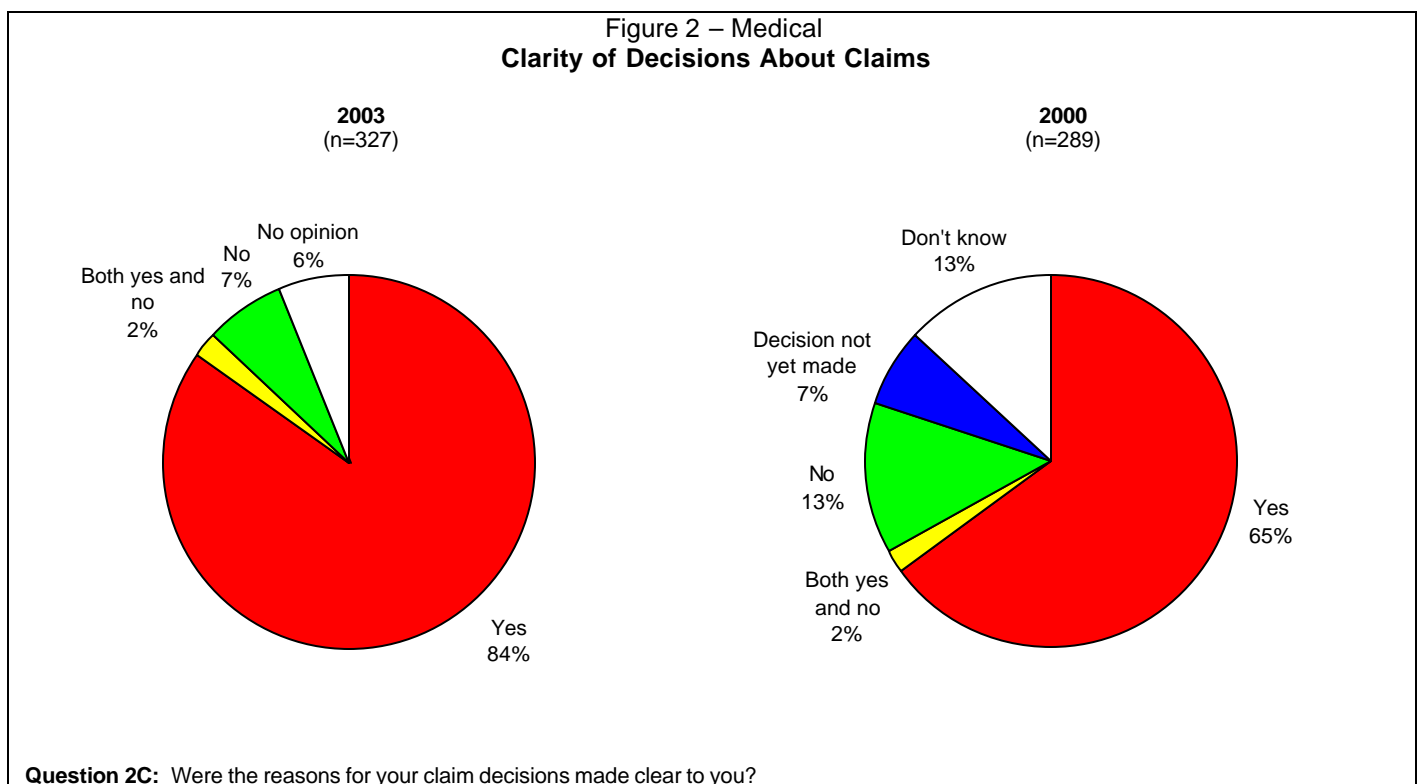
Twenty-nine (29) respondents said they were somewhat or very dissatisfied with the overall claims process. Asked why they were dissatisfied, some respondents said they thought their claim was closed too soon, or that they didn't like the doctor (5 comments were recorded for each type of remark). Workers also said that doctor bills were sometimes not paid at all or took too long to be paid (4 total comments).

Satisfaction with the Process

As in 2000, medical only workers were again asked several questions related to the overall claims process, including questions about the claim decision (clarity of the explanation and fairness), ease of accessing aspects of the claim process and understanding the claim process.

Clarity of Reasons for Decisions

A large proportion (84%) of these medical only workers reported that L&I made the reasons for the claim decision clear to them. (Figure 2) In 2000, 65% of the comparable worker group said that the reasons were made clear, indicating a significant increase in worker perception of L&I's communication about their claims decision-making.



Key Subgroup Differences

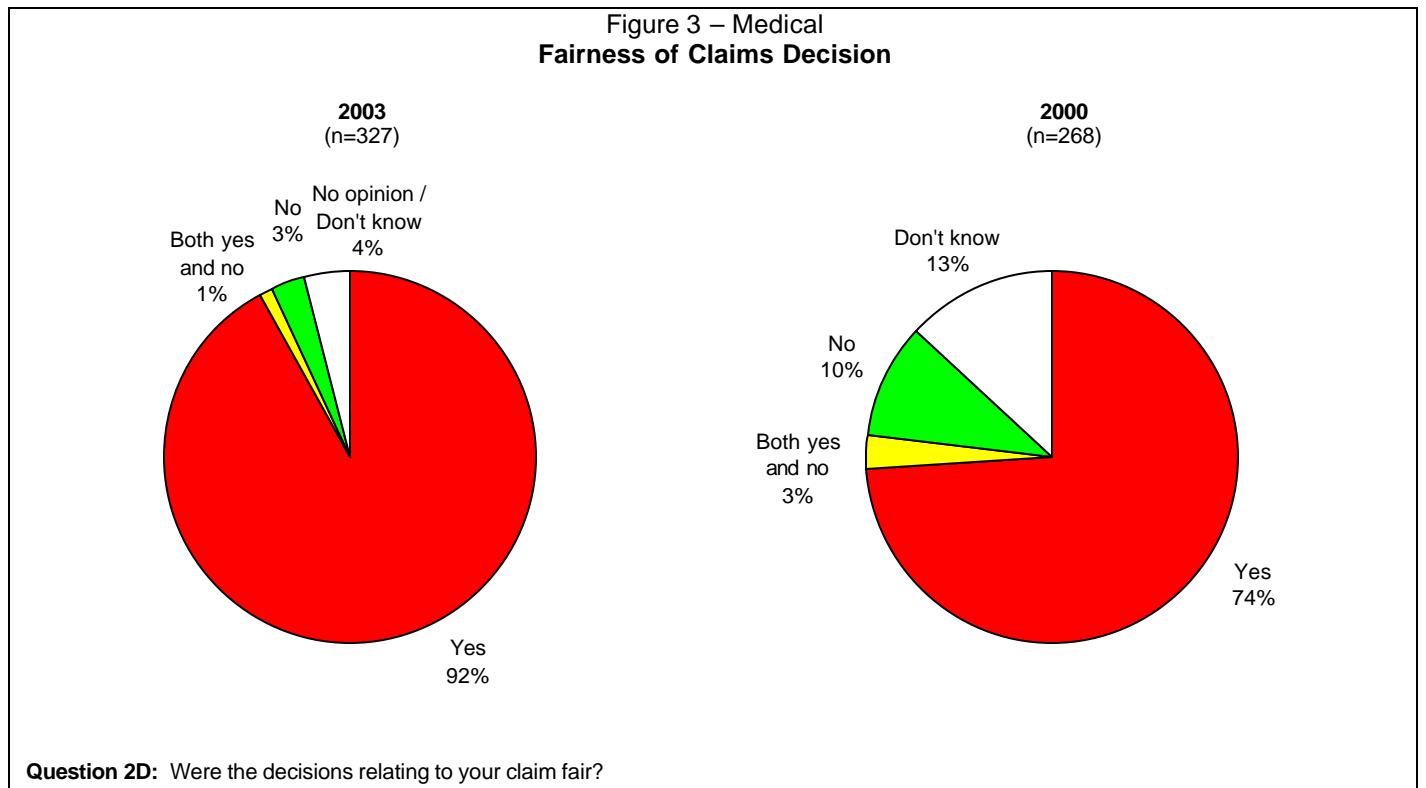
Among those more likely to say “yes,” the reasons were made clear, were these subgroups:

- Workers who were satisfied with the overall claims experience (88%), compared to those who were dissatisfied (62%);
- Those who rated L&I’s claim services high (87%), compared to those who rated them low (70%).

Twenty-nine (29) respondents said they were unclear about the reason for the decision on their claim. Asked why, the majority of comments (11 recorded responses) related to a claim that was closed without explanation from the department, and / or disagreement with a decision to close.

Fairness of Claim Decisions

Almost all respondents (92%) said they thought the decisions relating to their claim were fair. (Figure 3) This represents a significant jump over previous results, when in 2000, 74% said they thought the decisions were fair.



Key Subgroup Differences

These workers were more likely than others to say the decisions were fair:

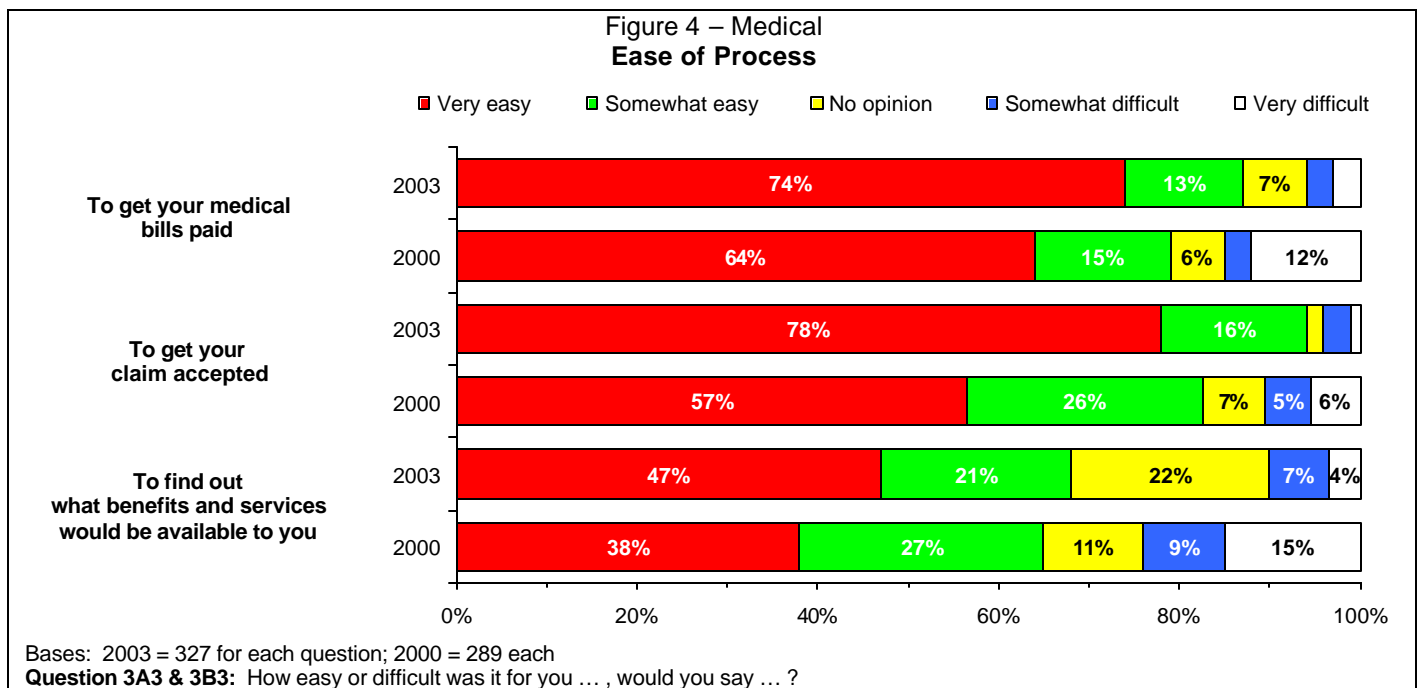
- Respondents who were satisfied with the overall claims experience (97%), compared to those who were dissatisfied (55%);
- Workers who rated L&I's claim services high overall (96%), compared to those who rated them low (67%).

Just 14 respondents said they thought the decisions were unfair. Asked to explain why, the only comment with any frequency was simply that they thought their claims shouldn't have been closed when they were (5 comments).

Ease of Accessing the Process

Figure 4 shows that three out of four medical only workers thought it was “very” easy to get their claims accepted (78%) and their bills paid (74%). Fewer than half (47%), however, thought it was “very” easy to find out about the available benefits and services. The proportion that rated each of these process aspects “very” easy is significantly higher than in years past, even for finding out about benefits and services.

- Getting the claim accepted (2003 – 78% rate “very” easy; 2000 – 57%)
- Getting medical bills paid (2003 – 74%; 2000 – 64%)
- Determining available benefits and services (2003 – 47%; 2000 – 38%)



Key Subgroup Differences

Respondents differed from others in their assessment of how easy it was to get their claim accepted and their medical bills paid:

- Respondents who were satisfied with the overall claims experience, compared to those who were dissatisfied:

- Agreed that it was easy to get their claim accepted (97% versus 83%);
 - Agreed it was easy to get their medical bills paid (92% versus 59%).
- Respondents who rated claims services high overall compared to those who rated services low:
 - Agreed that it was easy to get their claim accepted (97% versus 83%);
 - Agreed it was easy to get their medical bills paid (92% versus 59%).

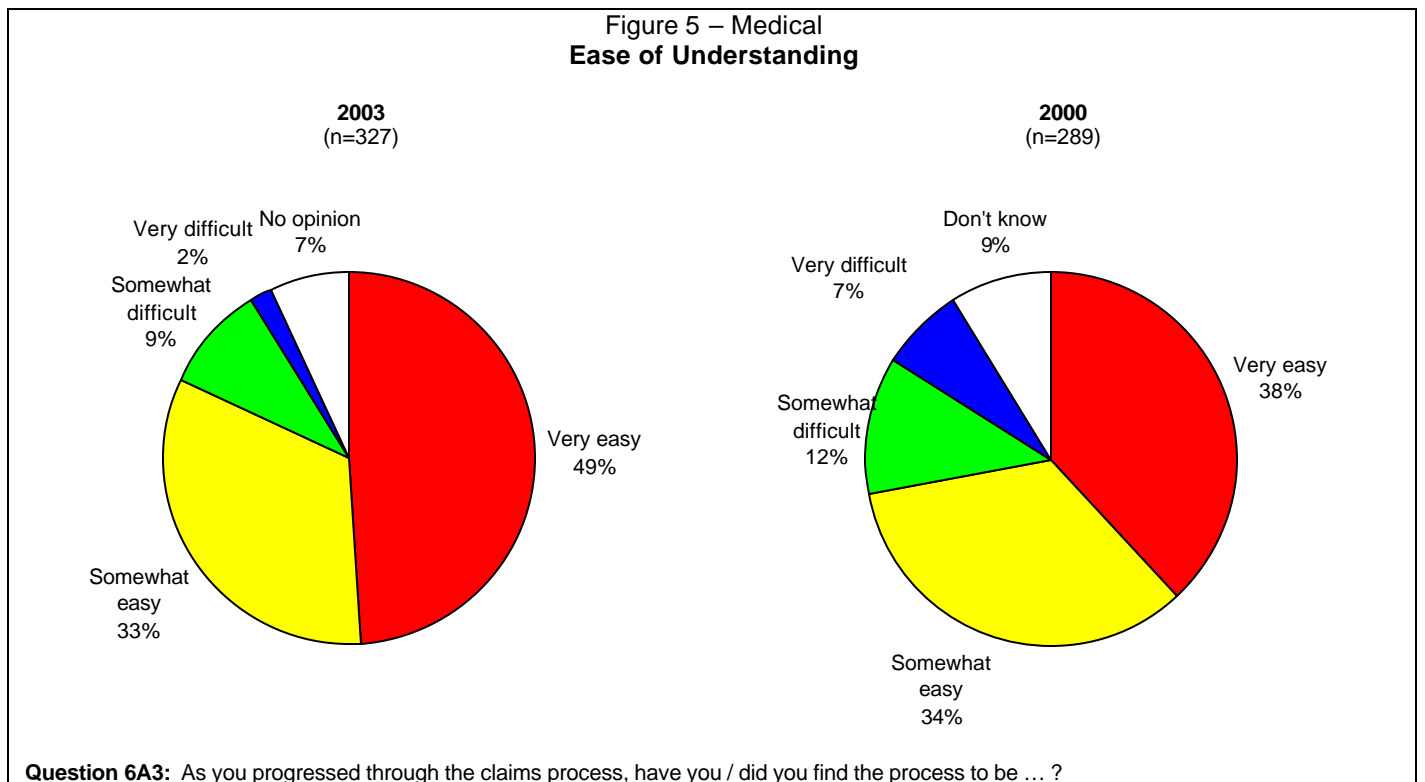
Among those who said it was easy to determine what benefits and services would be available were:

- Workers who were satisfied with the overall claims experience (73%), compared to those who were dissatisfied (35%);
- Respondents who claims services high (73%), compared to those who rated them low (37%).

These results show positive progress made by L&I in making it easy for medical only workers to get their claims accepted and their medical bills paid. Not only are more workers saying it is easy to access these aspects of the process, fewer than in 2000 are saying these steps are difficult. This is particularly seen in the departments' efforts to make it easier for workers to learn of available benefits and services. The results show that in 2003 11% of medical only workers rated this aspect of access difficult compared to 24% in 2000.

Ease of Understanding the Process

Asked how easy they felt it was to understand the claims process, nearly half (49%) said they thought it was “very” easy and another 33% said “somewhat easy.” (Figure 5) The top rating represents a significant increase over those who gave the top ratings in 2000 (38%), while the proportion of “somewhat easy” ratings remained the same. The proportions that rated ease of understanding “somewhat/very” difficult (11%) is significantly lower than in 2000 (19%).



Key Subgroup Differences

These workers were more likely than others to say it was easy to understand the claims process:

- Respondents who were satisfied with the overall claims experience (88%), compared to those who were dissatisfied (48%);
- Workers who rated claims services high overall (88%), compared to those who rated them low (47%).

To better evaluate the effectiveness of various forms of information, the survey asked respondents who rated the process “very” easy to understand where they obtained their help or information. (Table 3) The results found more workers who said they learned about the workers compensation system from their workplace or union (39%), than said this in 2000 (28%). About as many as in earlier survey mentioned getting information from the doctor’s office or hospital (31%).

Table 3 – Medical Resources Used to Understand Workers’ Compensation System	
	Total (n=160)
Work place, union	39%
Doctor's office/hospital	31
Forms, paperwork, letter sent by L & I	14
Past experience, prior claim	5
Didn't need any help	4
From word of mouth/ friends/ family	3
Other	3
Don't know/Not sure	9
Question 6B: Where did you get the information or help needed to understand the workers' compensation system? Responses with 1% or less of total response (or 2 or fewer mentions) are shown as “Other” response. Multiple response question; proportions may add to more than 100%.	

Respondents who rated the workers compensation system less than easy to understand were asked what might have helped them. (Table 4) As in past studies, suggestions for having more understandable, simpler written material (14%), and pamphlets or booklets explaining the process (11%) were offered. Fewer remarks were made this year about having more or better personal contact with L&I (10% in 2003, compared to 22% in 2000).

Table 4 – Medical Resources and Suggestions For Making the Workers’ Compensation System More Understandable	
	Total (n=167)
Written material that I understand, simpler terminology	14%
Pamphlet or booklet explaining claim process/benefits/calculations	11
More/better L&I personal contact, more contact with my claim manager, better simpler explanations	10
More detailed information, more specifics on the process	5
Adequate as it is	5
Better communication, including between doctor, employer, L&I and claimant	4
Respond more quickly to claims / process faster	3
L&I should provide materials to worksites / conduct classes	3
Other	9
Don't know/Not sure	41
Question 6C: What would help you to better understand the workers’ compensation system? Responses with 2% or less of total response (or 3 or fewer mentions) are shown as “Other” response. Multiple response question; proportions may sum to more than 100%.	

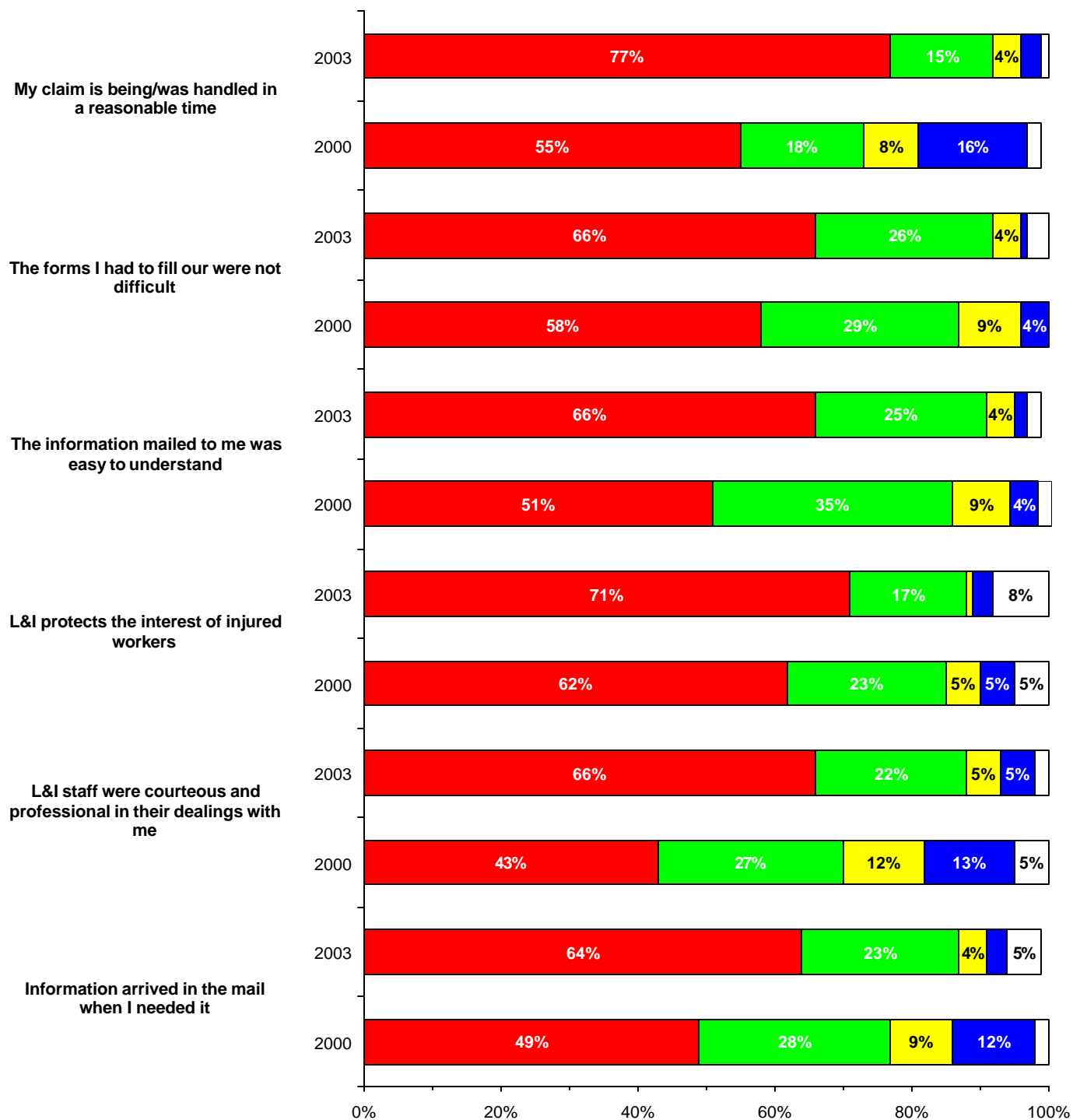
Perceptions of the Process, Staff and L&I Policies

A significant shift in opinion occurred in perceptions of the claim process among medical only workers. (Figure 6) For all but two aspects of service¹, findings showed significant increases in the proportion of respondents who said they “strongly” agreed with positive aspects of the experience.

¹Though not significantly increased, 2003 ratings of “strongly” agree were up over 2000 for these items: “The L&I standard of returning phone calls within 48 hours is reasonable;” “L&I claim staff answered my questions clearly.”

Figure 6 – Medical
Agreement with Attribute Statements

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree No Opinion

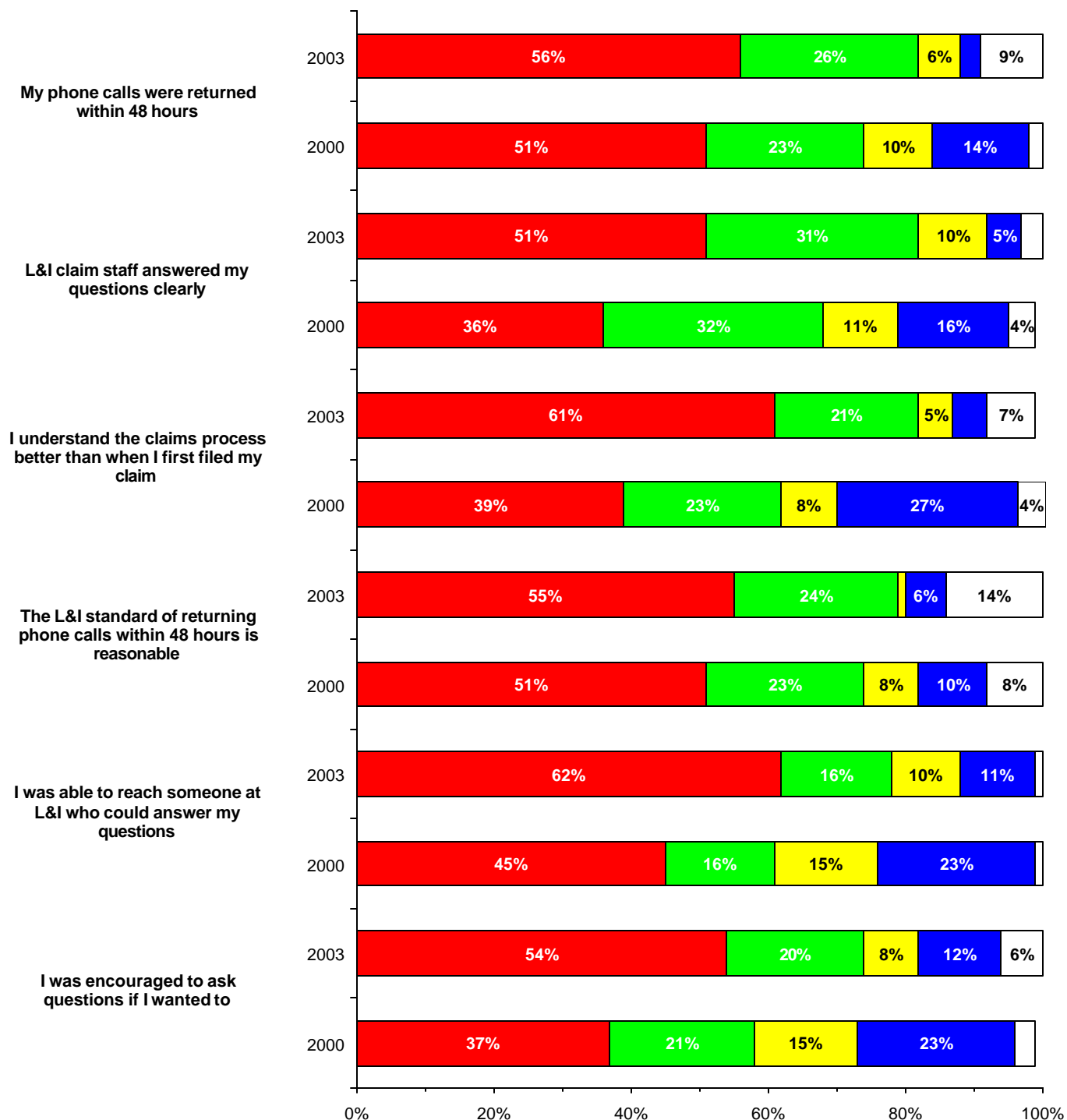


Bases (2003 precedes 2000): Q7A = 295/251; Q7B = 278/225; Q7C = 56/52; Q7D = 229/218; Q7E = 73/69; Q7F = 312/278; Q7G = 314/275; Q7H = 249/219; Q7I = 231/185; Q7J = 323/282; Q7K = 232/200; Q7N = 317/284; Q7O = 229/218.

Question 7: Based on your experience within the past six months, please tell me how you feel.

Figure 6 – Medical (Continued)
Agreement with Attribute Statements

Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree No Opinion



Bases (2003 precedes 2000): Q7A = 295/251; Q7B = 278/225; Q7C = 56/52; Q7D = 229/218; Q7E = 73/69; Q7F = 312/278; Q7G = 314/275; Q7H = 249/219; Q7I = 231/185; Q7J = 323/282; Q7K = 232/200; Q7N = 317/284; Q7O = 229/218.

Question 7: Based on your experience within the past six months, please tell me how you feel.

Most importantly, the survey found more workers who were more strongly positive, and fewer who were strongly negative than in 2000, with respect to *half* of the aspects of service. Findings are summarized as follows:

- My claim is being/was handled in a reasonable amount of time – strongly agree (2003 – 77%; 2000 – 55%); strongly disagree (2003 – 3%; 2000 – 16%)
- Information arrived in the mail when I needed it - strongly agree (2003 – 64%; 2000 – 49%); strongly disagree (2003 – 3%; 2000 – 12%)
- I was able to reach someone at L&I who could answer my questions - strongly agree (2003 – 62%; 2000 – 45%); strongly disagree (2003 – 11%; 2000 – 23%)
- I understand the claims process better than when I first filed my claim – strongly agree (2003 – 51%; 2000 – 36%); strongly disagree (2003 – 5%; 2000 – 16%)
- I was encouraged by L&I to ask questions if I wanted to – strongly agree (2003 – 54%; 2000 – 37%); strongly disagree (2003 – 12%; 2000 – 23%)
- L&I protects the interests of injured workers - strongly agree (2003 – 66%; 2000 – 43%); strongly disagree (2003 – 5%; 2000 – 13%)
- My phone calls were returned within 48 hours - strongly agree (2003 – 61%; 2000 – 39%); strongly disagree (2003 – 5%; 2000 – 27%)

Opinion swings of this nature – that is, from one end of the spectrum to the opposite - are uncommon. Opinions normally change more gradually over time, and usually within the middle ranges. Many of the results here suggest that an impressive conversion of opinion about L&I experiences – from even low levels of negative ratings to positive - has occurred among medical only workers who did not have a work absence of more than three days.

Significant increases in the number who said they “strongly” agree stemmed from significant shifts in opinion in these additional ways:

- The information mailed to me was easy to understand – strongly agree (2003 – 66%; 2000 – 51%) somewhat agree (2003 – 25%; 2000 – 35%); somewhat disagree (2003 – 4%; 2000 – 9%)
- The forms I had to fill out were not difficult – strongly agree (2003 – 66%; 2000 – 58%); somewhat disagree (2003 – 4%; 2000 – 9%)

Key Subgroup Differences

- Respondents who were satisfied with the overall claims experience differed from those who were dissatisfied, in their degree of agreement or disagreement with the following statements about L&I claims services:
 - The information was easy to understand – (satisfied – 94% agree; dissatisfied – 76% agree)
 - The information mailed to me arrived when I needed it - (satisfied – 70% agree strongly; dissatisfied – 33% agree strongly)
 - My phone calls were returned within 48 hours - (satisfied – 68% agree strongly; dissatisfied – 30% agree strongly)
 - I was able to reach someone at L&I who could answer my questions - (satisfied – 89% agree; dissatisfied – 44% agree)
 - I feel that I understand the process better now than when I first filed my claim - (satisfied – 84% agree; dissatisfied – 63% agree)
 - I was encouraged by L&I to ask questions if I wanted to - (satisfied – 79% agree; dissatisfied – 30% agree)
 - My claim was handled in a reasonable amount of time - (satisfied – 95% agree; dissatisfied – 68% agree)
 - L&I protects the interests of injured workers - (satisfied – 94% agree; dissatisfied – 43% agree)

- Respondents who rated L&I's claims services high, overall, differed in their agreement or disagreement with those who rated the services low on the following statements:
 - The information was easy to understand – (excellent/good rating – 95% agree; fair/poor rating – 71% agree)
 - The information mailed to me arrived when I needed it – (excellent/good rating – 91% agree; fair/poor rating – 68% agree)
 - The L&I standard of returning phone calls within 48 hours is reasonable - (excellent/good rating – 84% agree; fair/poor rating – 43% agree)
 - I was able to reach someone at L&I who could answer my questions - (excellent/good rating – 90% agree; fair/poor rating – 25% agree)
 - The forms I had to fill out were not difficult (excellent/good rating – 70% agree strongly; fair/poor rating – 42% agree strongly)
 - I feel that I understand the process better now than when I first filed my claim - (excellent/good rating – 86% agree; fair/poor rating – 57% agree)
 - I was encouraged by L&I to ask questions if I wanted to - (excellent/good rating – 81% agree; fair/poor rating – 35% agree)
 - L&I claim staff answered my questions clearly -(excellent/good rating – 88% agree; fair/poor rating – 43% agree)
 - My claim was handled in a reasonable amount of time - (excellent/good rating – 97% agree; fair/poor rating – 64% agree)
 - L&I staff were courteous and professional in their dealings with me - (excellent/good rating – 93% agree; fair/poor rating – 61% agree)
 - L&I protects the interests of injured workers - (excellent/good rating – 94% agree; fair/poor rating – 49% agree)

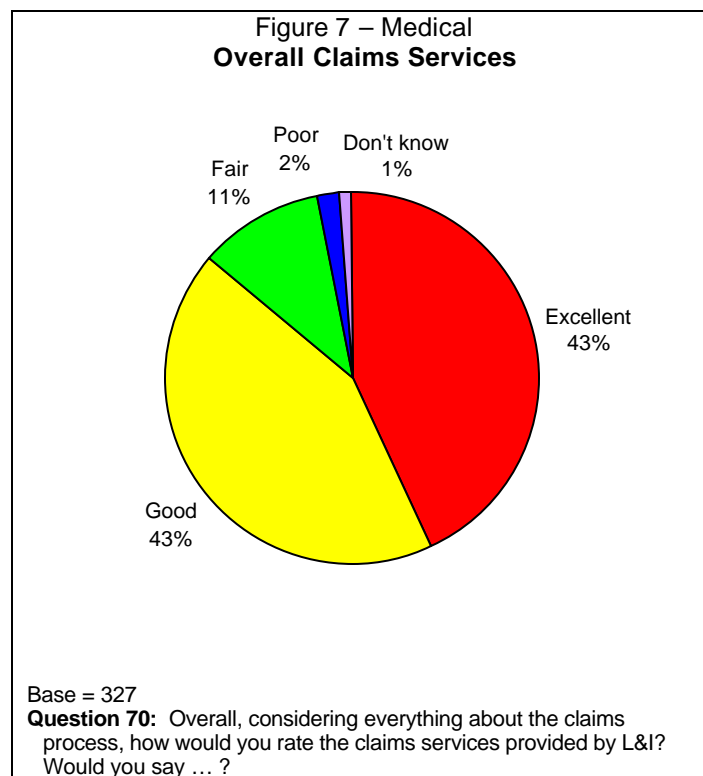
- Workers having open claims differed from those with closed claims on these statements:
 - L&I staff were courteous and professional in their dealings with me - (open claims – 100% agree; closed claims – 89% agree)
 - The L&I standard of returning phone calls within 48 hours is reasonable - (open claims – 76% agree strongly; closed claims – 53% agree strongly)
 - I was able to reach someone at L&I who could answer my questions - (open claims – 41% agree strongly; closed claims – 69% agree strongly)

- Gender differences were noted regarding agreement or disagreement with these statements:
 - The information was easy to understand – (males – 29% agree somewhat; females – 18% agree somewhat)
 - I was encouraged by L&I to ask questions if I wanted to - (males – 78% agree; females – 65% agree)

- Respondents having varied types of contacts with L&I differed in their agreement or disagreement with these statements:
 - The L&I standard of returning phone calls within 48 hours is reasonable – (phone contact – 89% agree; mail contact – 79% agree)
 - My claim was handled in a reasonable amount of time - (mail contact – 78% agree strongly; face-to-face contact – 56% agree strongly)
 - L&I staff were courteous and professional in their dealings with me - (phone contact – 99% agree; mail contact – 89% agree)

Overall Rating of Claims Experience

This survey asked medical only workers to consider everything discussed about the claims process, and then rate the claims services provided by L&I on an overall basis. (Figure 7) As the figure shows, a large majority (86%) gave positive ratings of claims services, with 43% rating the services “excellent” and an equal number rating them “good.” A little over one person in ten (13%) said the overall services were “fair/poor.”



The 43 workers who rated claims services “fair” or “poor” said they did so because of unresolved problems (19%), difficulty getting bills paid (16%) or inadequate explanations provided by L&I service staff (14%). (Table 7)

Table 7 - Medical Reasons for Dissatisfaction With The Overall Claims Services Provided - Among Those Who Said Services Were Fair/Poor -	
	Total (n=43)
Still have a problem/wasn't satisfied with the whole program	19%
Difficulty getting bills paid / late checks	16
Customer service doesn't explain things adequately	14
Staff isn't knowledgeable	9
Other	37
Don't know / Refused	23
Question 7P: Why do you say that? Responses with 7% or less of total response (or 3 or fewer mentions) are shown as “Other” response. Multiple response question; proportions may sum to more than 100%.	

Medical Only Workers' Suggestions

Asked for suggestions about how the claims process could be improved, there were few consistent responses. In fact, a large proportion (59%) had no ideas for change, indicating the process worked fairly well for them. (Table 8) In 2000, suggestions for more communication and more personal contact (17% and 12%, respectively) were much higher than similar comments in 2003 (6% each).

These types of remarks have decreased from 2000 (17% said more communication; 12% said more personal contact).

It is instructive, however, to see the variety and nature of comments that were made as improvement suggestions.

Table 8 – Medical Suggestions For Improving the Claims Process	
	Total (n=327)
More communication from claim manager on claim activity	6
More L&I personal contact	6
Better benefits	6
Make the forms more understandable	5
More information on benefits, rights, procedures	4
Speed up the claim process	3
Faster phone service	2
Notify or ask before closing claim	2
More compassion from the L&I staff	2
Quicker payments	2
Better communication between L&I, employee, employer and doctor	2
Better doctors/use own doctor	2
Other	3
Nothing, can't think of anything	15
Don't know/Not sure	44
Question 8: If L&I could make one change that would make the claim process better for you, what would it be? Responses gathering 1% or less of total response (or 2 or fewer mentions) are shown as "Other" response. Multiple response question; proportions may sum to more than 100%.	

Characteristics of Claims, Contact and the Medical Only Workers Sample

The 2003 medical only workers who had no more than three days of work absence reported about the same number of open claims (10%) as the similar sample of 2000 worker respondents (16%). Among those interviewed this year, 69% were male, significantly fewer than in 2000 (85%).

Nine out of ten of these medical only workers (91%) had contact with L&I through the mail, 22% talked with L&I staff over the phone and 8% spoke in person. These results are essentially the same as those reported in 2000.

The proportion of workers who reported receiving forms or form letters from L&I has declined, while the proportion who received personalized letters has increased. Of the workers who had mail contact in 2003, about half (52%) received forms or form letters, significantly fewer than in 2000 (62%). Slightly more received personalized letters with specific details in 2003 than in 2000 (51% - 2003; 41% - 2000).

Medical only workers who had contact over the phone were asked what the reason or purpose was for their call (Table 9). One-quarter (25%) called with questions or concerns about the status of their claims, and 19% wished to re-establish claims or dispute closure of claims. Fifteen percent (15%) called with questions about materials or phone calls received from L&I. It is notable that 5% of comments related to courtesy calls extended by L&I.

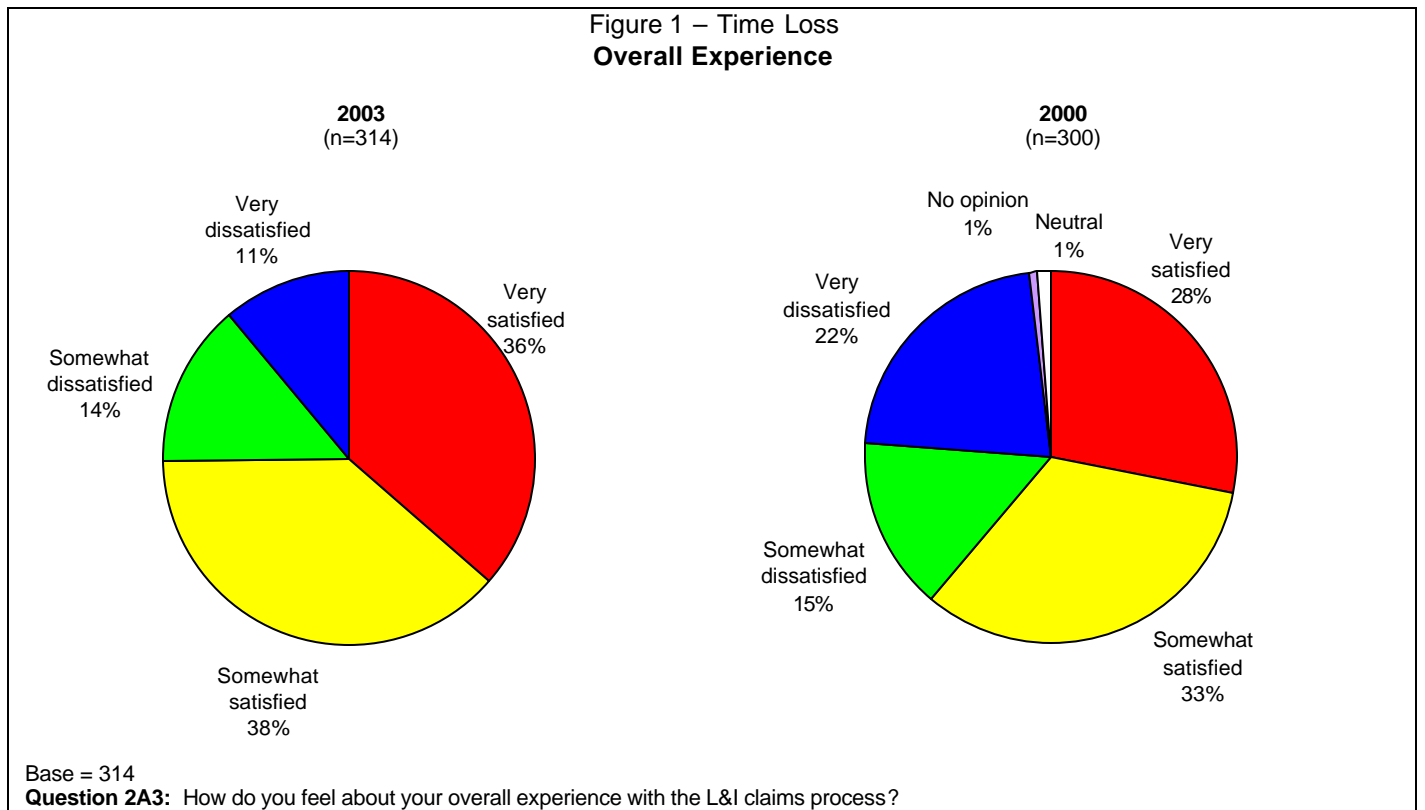
Table 9 – Medical Reasons for Phone Contacts With L&I	
	Total (n=73)
Learn about the status of claim(s)	25%
Wished to re-open a claim; dispute the closing of a claim	19
Questions about materials, letters sent to me/answer a voice mail	15
Inquire about unpaid bills, late checks	8
Courtesy call from L&I to check on my welfare	5
Other	25
Don't know/Not sure	10
Question 5A: What were the reasons, or purpose of the telephone contact? Responses with 4% or less of total response (or 3 or fewer mentions) are shown as “Other” response. Multiple response question; proportions may sum to more than 100%.	

The number of medical only workers who have hired attorneys to help with claims remains low – in past studies, just 1% reported hiring an attorney. In the current survey, only one respondent said he had hired an attorney.

DETAILED FINDINGS – TIME LOSS

Overall Satisfaction

Three-quarters of time loss workers (74%) said they were satisfied with their overall experience with the L&I claims process. (Figure 1) This proportion shows a significant increase in satisfaction over 2000 and 1998 results (2000 – 61%; 1998 – 56%).



Opinion extremes have showed improvement: this year 36% of time loss workers said they were “very” satisfied with the overall claims experience, and 11% said they were “very” dissatisfied. In comparison, in previous years, significantly fewer said they were “very” satisfied (2000 – 28%; 1998 – 29%), and significantly more said they were “very” dissatisfied (2000 – 22%; 1998 – 23%).

These findings present strong evidence that L&I has done a good job of increasing overall positive feelings about the claims experience among time loss workers: not only are more time loss workers satisfied, more workers are more highly satisfied.

Key Subgroup Differences

- Workers with closed claims were more likely than those with open claims to say they were “very” satisfied (44% versus 28%).
- Respondents who gave a high rating to the claims services overall were more likely than those who gave a low rating, to say they were satisfied (92% compared to 36%).

Respondents were asked to give their reasons for their rating. Table 1 shows the reasons named by workers who were satisfied, while Table 2 lays out reasons provided by dissatisfied workers.

Satisfied workers most often attributed their overall rating to having a trouble-free experience with the claim process (34%). (Table 1) This top reason is consistent with the past two surveys.

Table 1 – Time Loss Workers Reasons Given For The Overall Claims Process Rating - Among Workers Who Said They Were Very / Somewhat Satisfied -	
	Total (n = 232)
<u>Any Positive Comments</u>	<u>50%</u>
No trouble, no problems, claim process went smoothly	34
I started receiving payments right away / no delay	6
Claim manager was prompt / easy to work with	4
Good communication, L&I accessible, responsive	4
Doctor bills paid, medical bills too	3
Other positive (Responses gathering 2% or less of total positive comments are categorized as “other” positive.)	2
<u>Any Negative Comments</u>	<u>35%</u>
Process too slow	10
Poor communication / L&I was not accessible	7
Payments took too long	7
Didn't like the L&I doctor	4
Didn't agree with the dispersal amount	4
Forms difficult to fill out	3
Other negative (Responses gathering 2% or less of total negative comments are categorized as “other” positive.)	7
Other comments	2
Don't know/Not sure	15
Question 3B: Why did you say that? Multiple response question; responses proportions may add to more than 100%.	

Dissatisfied time loss workers often said the process was too slow (26%), communication was poor (16%), and payments were delayed (16%). They also discussed having a dislike for the L&I doctor (13%), and basic disagreements with the both the dispersal amount and unpaid bills (11%, each). (Table 2)

Table 2 – Time Loss Workers Reasons Given For The Overall Claims Process Rating - Among Workers Who Said They Were Very / Somewhat Dissatisfied -	
	Total (n = 76)
<u>Any Negative Comments</u>	<u>93%</u>
Process too slow	26
Poor communication / L&I was not accessible	16
Payments took too long	16
Didn't like the L&I doctor	13
Didn't agree with the dispersal amount	11
Doctor bills not paid / took too long to be paid	11
Claim closed too soon	7
Didn't receive payments for time loss	4
L&I asked to have payment returned	4
Other negative (Responses gathering 2% or less of total negative comments are categorized as "other" negative.)	12
<u>Any Positive Comments</u>	<u>5%</u>
I started receiving payments right away	3
Good communication / L&I accessible	3
Don't know/Not sure	3
Question 3B: Why did you say that? Multiple response question; responses proportions may add to more than 100%.	

These complaints have persisted as top reasons for dissatisfaction since the baseline study. Considered as an overall set of problems, they contribute to a general perception of the claim experience as one full of difficulties – exactly the opposite type of experience that a worker who was satisfied with the experience might consider trouble free. It should be noted that there was no sizeable mention of “unprofessional claim manager” issues this year (in 2000, 23% of the dissatisfied workers mentioned this).

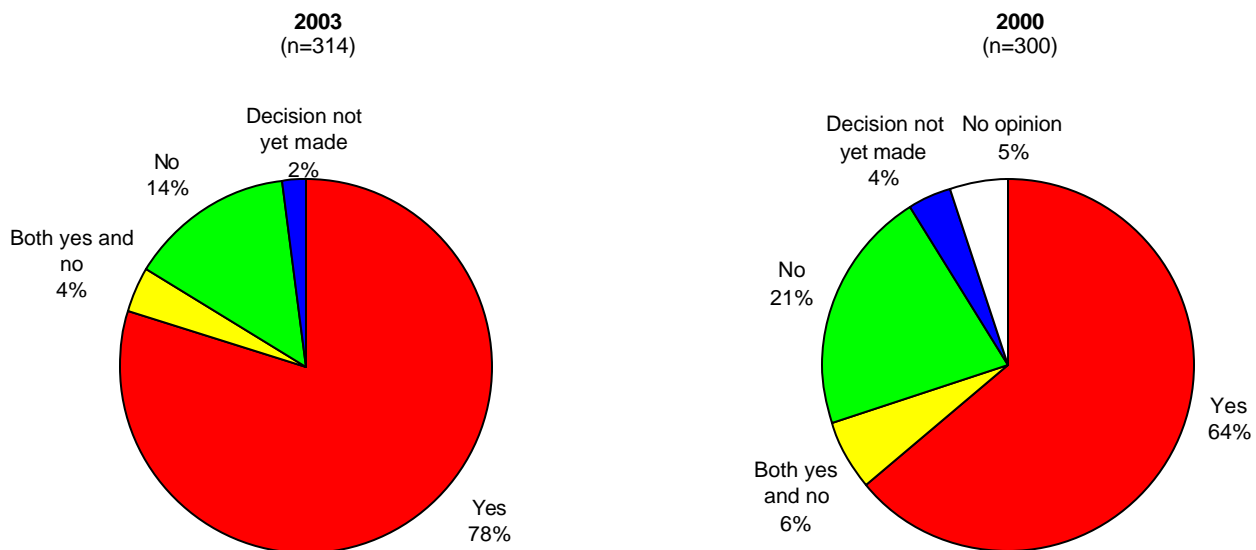
Satisfaction with Specific Elements of the Process

Similar to earlier surveys, time loss workers were asked to give their opinions about several aspects of the process, including, clarity of the reasons for the claim decision, fairness of the decision and ease of accessing parts of the claim process.

Clarity of Reasons for Decision

Over three in four time loss workers said reasons for the claim decision were made clear to them, significantly more than said this in years past (2003 – 78%; 2000 – 64%; 1998 – 62%). (Figure 2) Significantly fewer said the reasons were unclear, than in years past (2003 – 14%; 2000 – 21%; 1998 – 25%). The upsurge in positive ratings for clarity of decisions is likely a contributing influence in the increase in overall satisfaction among time loss workers.

Figure 2 – Time Loss
Clarity of Decision About Claims



Question 2C: Were the reasons for your claim decisions made clear to you?

Key Subgroup Differences

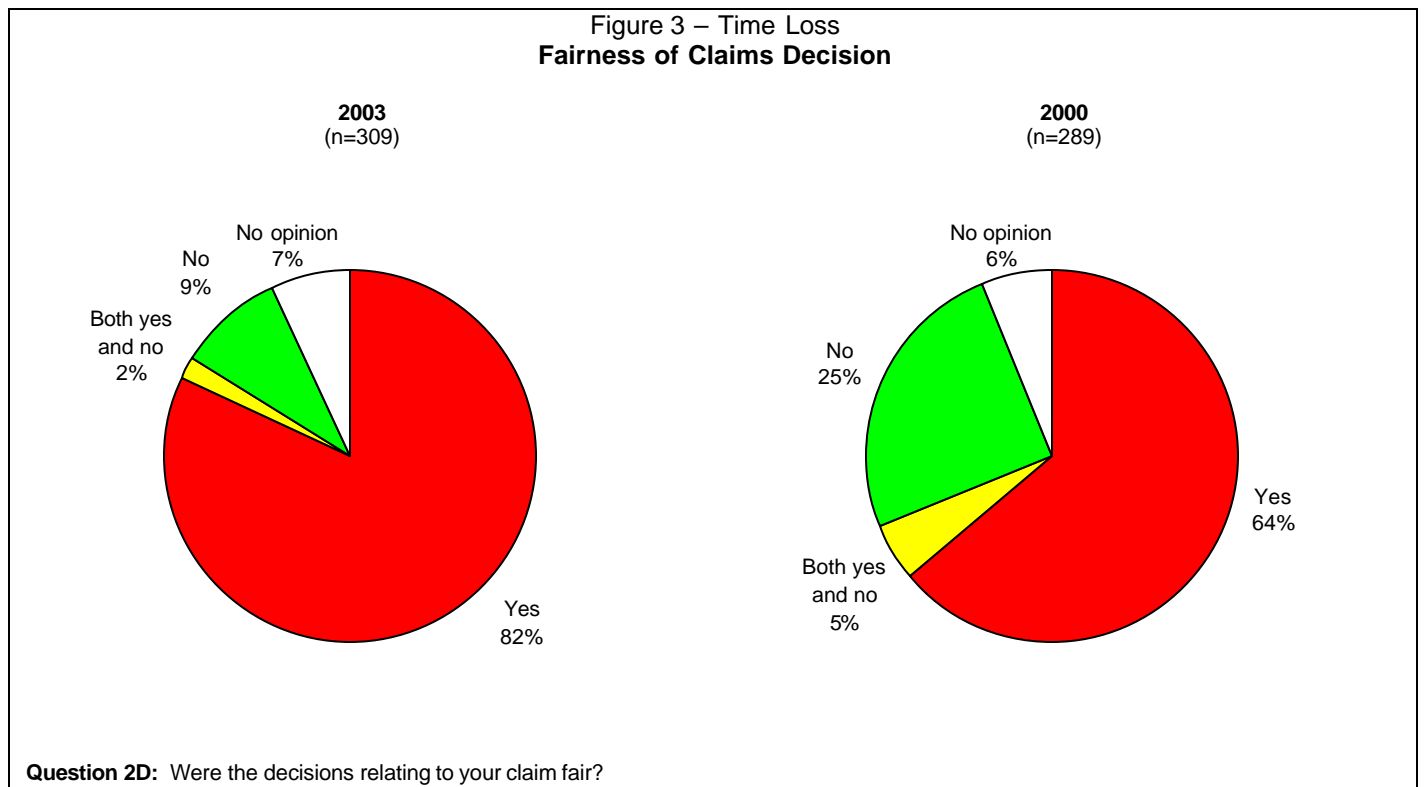
- Respondents who were satisfied with the overall claims experience were more likely than those who were dissatisfied (85% versus 59%) to say the decisions on the claim were made clear.
- Workers with closed claims were more likely than those with open claims to say the decisions were clear (87% versus 68%).
- Those who said that L&I's claims services overall were excellent/good were more likely than those who said overall services were fair/poor to say the decisions on the claim were made clear (86% versus 62%).

The 55 workers who said the decision was unclear most often attributed it to poor communication from L&I about the claim status (33%) and another 16% complained about lack of clarity in the amount they were being paid. Given the small numbers of respondents answering this question over the years, it can be said that the nature of these reasons has remained relatively stable.

Table 3 – Time Loss Reasons the Claim Decision Seemed Unclear	
	Total (n = 55)
Poor communication from L&I about my claim status	33%
Decisions made regarding the amount of time loss payments not made clear	16
Claim process and forms not explained, need more detailed information about filling out forms	11
Why claim closed/claim closed with no explanation	9
Decision made regarding medical bill payments not made clear	7
Why claim denied, no explanation	7
Other	7
Don't know/Not sure/Refused	15
Question 2C1: What wasn't clear to you? Multiple response question; responses proportions may add to more than 100%.	

Fairness of Claim Decisions

More than eight out of ten time loss workers (82%) said they thought the decisions relating to their claims were fair. (Figure 3) Nine percent (9%) said the decisions were not fair. These proportions represent significant changes over previous findings.



The proportion that said the decisions were fair increased in 2003. In 2000, 64% said they thought decisions were fair, and in 1998, 53%. Of equal importance is the drop that occurred in the proportion that said decisions were *not* fair (2003 – 9%; 2000 – 25%; 1998 – 28%). These results suggest improvement over the past three years in the way that workers perceive L&I's decisions about claims.

Key Subgroup Differences

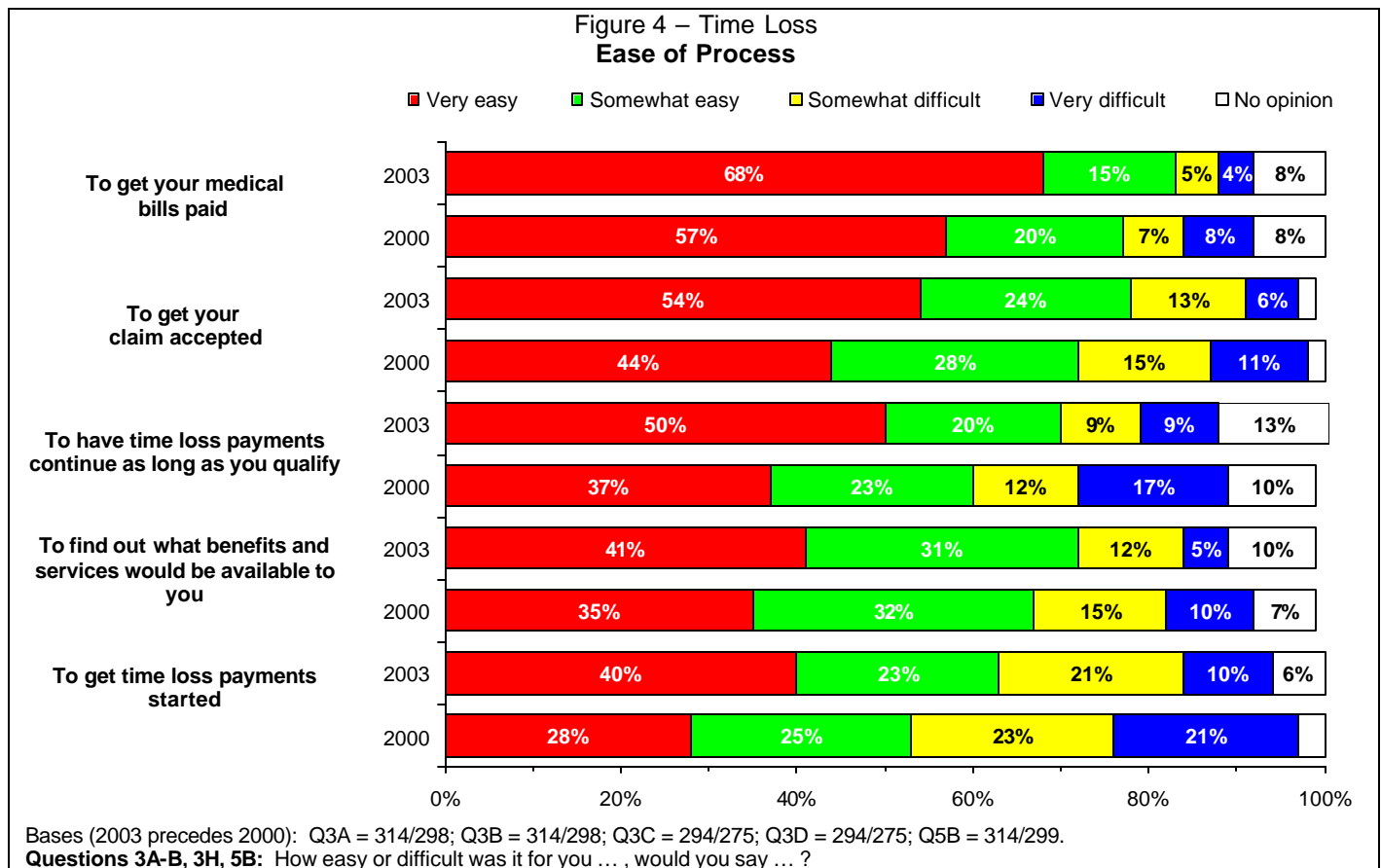
The following respondents were more likely than others to say the decisions were fair:

- Respondents who said they were satisfied with the overall claims experience (85%) compared to those who were dissatisfied (59%).
- Workers with closed claims (87%) compared to those with open claims (68%).
- Respondents who rated the claims services high (86%) versus respondents who rated them low (62%).

Those who thought decisions were not fair (34 respondents) were asked why. Most gave reasons that related to the length of the process (21%) or the persistence of the injury (18%).

Ease of Accessing the Process

Respondents were asked to evaluate the following five aspects of the worker compensation process: bill payment, claim acceptance, continued payments of time loss benefits, determining available benefits and services, and starting time loss payments. (Figure 4)



As Figure 4 indicates, at least half of all time loss workers said it was “very” easy to:

- Get medical bills paid (68%);
- Get claims accepted (54%); and
- Have time loss payments continue as eligibility continues (50%).

Many also said it was “very” easy to:

- Find out what benefits and services would be available (41%); and
- Get time loss payments started (40%).

A comparison of results this year with 2000 and 1998 results revealed several significant changes in opinion with respect to every aspect of the claim process. Taken as a whole, these results indicate that L&I has made real improvements to increase the perception that the process is easy to access and easy to use. The changes are summarized in the following paragraphs.

Increases in the proportion of workers who said it was “very” easy to do, and corresponding decreases in the proportion that said it was “very” difficult to do, included:

- Getting medical bills paid – very easy (2003 – 68%; 2000 – 57%; 1998 – 55%); very difficult (2003 – 4%; 2000 – 8%; 1998 – 10%)
- Getting claims accepted - very easy (2003 – 54%; 2000 – 44%; 1998 – 41%); very difficult (2003 – 6%; 2000 – 11%; 1998 – decrease is not significant)
- Having time loss payments continue as eligibility continues - very easy (2003 – 50%; 2000 – 37%; 1998 – 38%); very difficult (2003 – 9%; 2000 – 17%; 1998 – decrease is not significant)
- Getting time loss payments started - very easy (2003 – 40%; 2000 – 28%; 1998 – change is not significant); very difficult (2003 – 10%; 2000 – 21%; 1998 – 18%)

In addition to these changes, this year fewer workers said it was “somewhat” or “very” difficult to find out what benefits and services are available (5% and 10%, respectively), than said this in the baseline study (10% and 18%, respectively).

Key Subgroup Differences

- Respondents who said they were satisfied with the overall claims experience differed from those who were dissatisfied, in their ratings of the following aspects of the workers compensation process:
 - Ease of getting the claim accepted (87% compared to 53%)
 - Ease of getting medical bills paid (87% versus 72%)
 - Ease of getting time loss payments started (73% compared to 38%)
 - Ease of having time loss payments continue as eligibility continues (82% compared to 38%)
 - Ease of determining available benefits and services (78% versus 53%)

- Workers who gave high ratings to L&I's claims services overall differed from workers who gave low ratings on the following aspects:
 - Ease of getting the claim accepted (87% compared to 61%)
 - Ease of getting medical bills paid (89% versus 71%)
 - Ease of getting time loss payments started (77% compared to 32%)
 - Ease of having time loss payments continue as eligibility continues (84% compared to 44%)
 - Ease of determining available benefits and services (82% versus 51%)

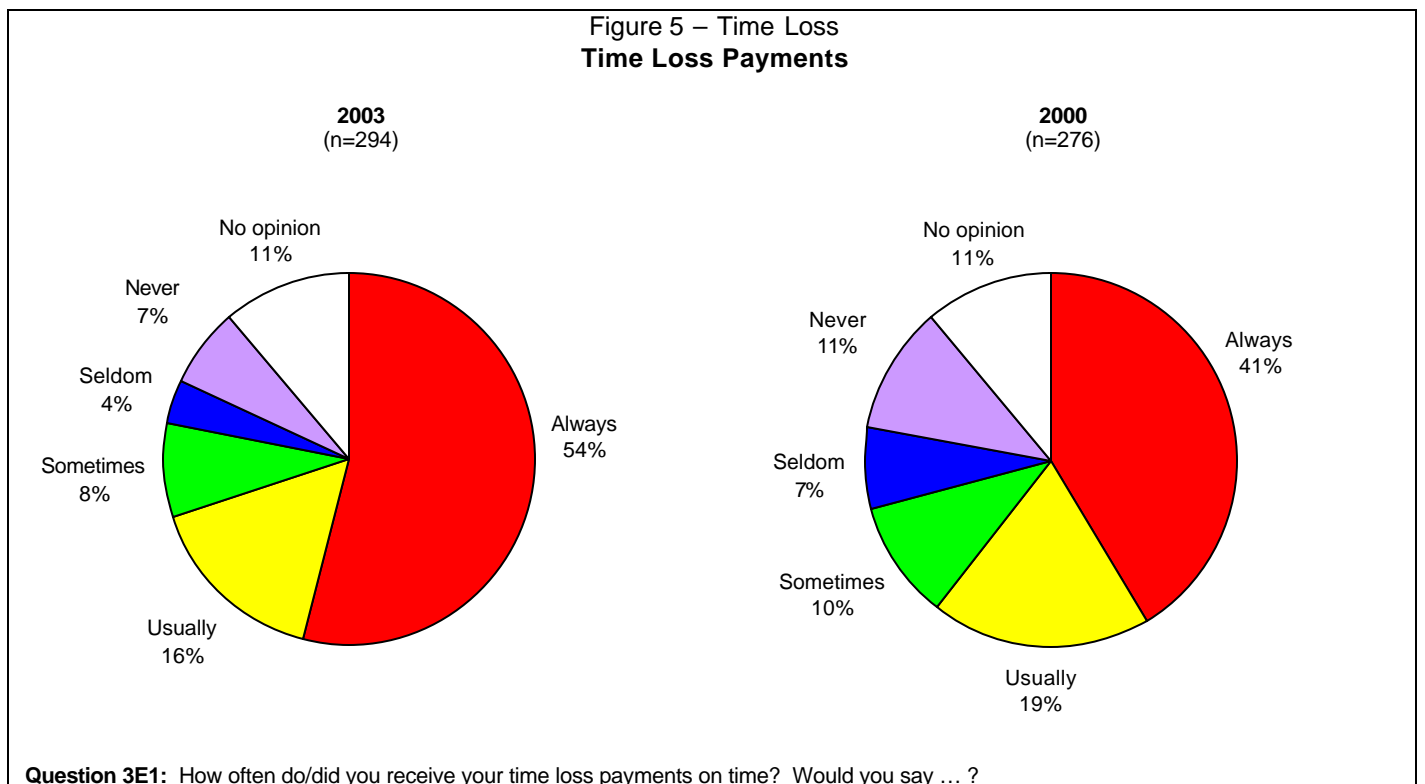
The 50 workers who said it was difficult to get payments to continue throughout eligibility were asked why. (Table 5) Their reasons included lost paperwork (18%) and general delays in getting checks (16%). Workers also frequently mentioned that there were delays caused by the doctor's office, disagreements in the qualification decision and lack of attention on the part of claim managers (12%, each comment). These explanations are proportionately similar to those heard in 2000, with two exceptions: general delays in getting checks was mentioned half as often as in the previous survey (2003 – 16%; 2000 – 31%) and

lack of attention by the claim manager was mentioned twice as often (2003 – 12%; 2000 – 6%).

Table 5 – Time Loss Reasons Why It Was Difficult to Get Payments To Continue Throughout Eligibility	
	Total (n = 50)
If paperwork is late or lost, it delays checks from coming	18%
Took a long time to get checks	16
Doctor needed to send more information, had to wait for doctor	12
Disagreed with qualification decision	12
Lack of attention by claim manager	12
I had to call or write to get checks to come	10
Haven't received payment yet	8
Other	19
Don't know/not sure	8
Question 3D: Why did you say that? Responses with 4% or less of total response (or 3 or fewer mentions) are shown as "Other" response. Multiple response question; responses proportions may add to more than 100%.	

Time Loss Payments

Workers were asked how often they received their payments on time (Figure 5). Well over half (54%) said payments “always” arrive on time, significantly more than said this in either of the two previous studies (2000 – 41%; 1998 – 45%). The number that said payments “usually” arrive on time is significantly less than in 1998 (2003 – 16%; 1998 – 26%).



The significant increase in the number of respondents who said payments “always” arrive on time (13% more than in 2000, 9% more than in 1998) occurred because of incremental decreases in the other possible responses. These results indicate that over the five-year period of study, time loss worker perception of payment timelines has greatly improved.

Key Subgroup Differences

Among workers who said they “always” receive time loss payments on time were the following:

- Respondents who said they were satisfied with the overall claims experience (64%) compared to those who were dissatisfied (29%).
- Respondents who said the claims services were excellent/good overall (64%) versus respondents who said they were fair/poor (35%).

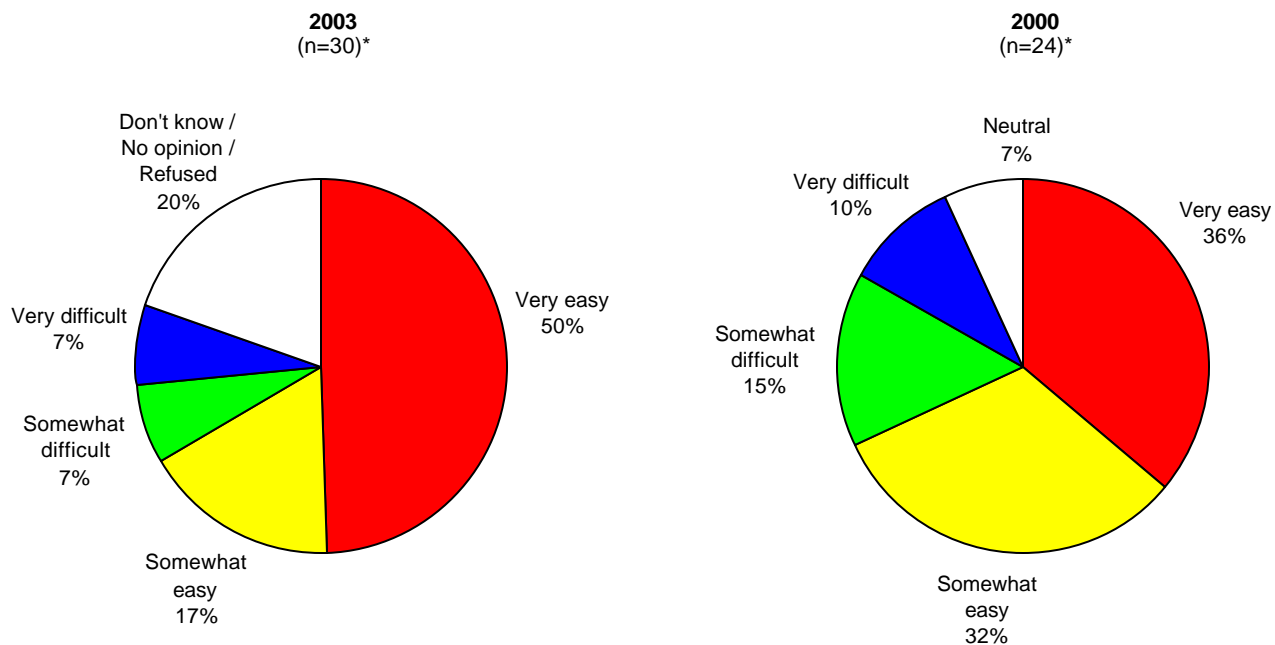
Permanent Partial Disability (PPD) Payments

Of all the time loss workers to receive payments, 10% report receiving a PPD payment, approximately the same proportion as in 2000. Asked whether the medical examination they received was complete and accurate, the majority of the 30 respondents (77%) replied “yes” (72% said “yes in 2000).

Ease of Attending Independent Medical Examination

Two-thirds (67%) of those who attended an independent medical examination to determine PPD eligibility thought the exam was easy to attend, about as many as said this in 2000 (68%). The proportion who felt it was difficult this year (14%), however, was lower than in 2000 (25%).

Figure 6 – Time Loss
Ease of Attending Independent Medical Exam

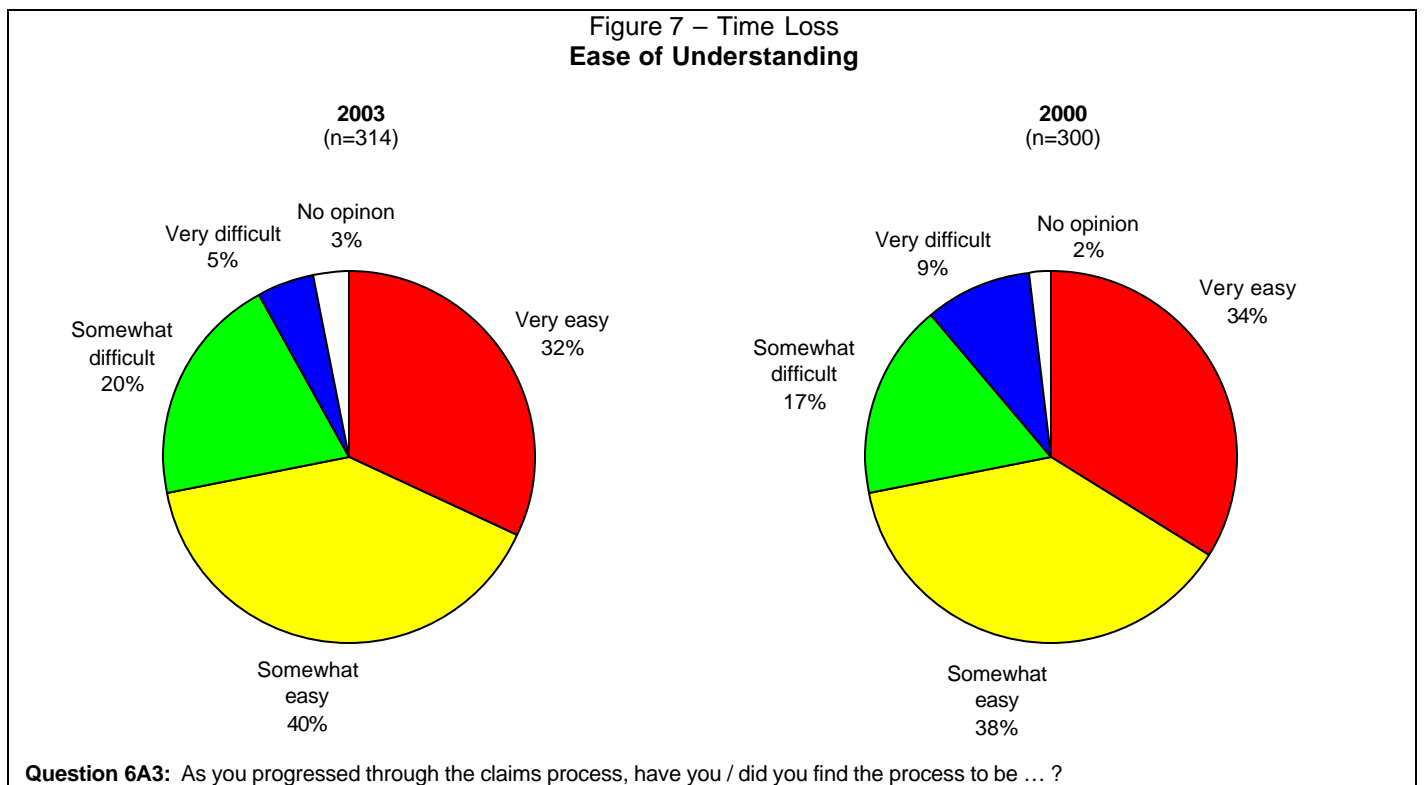


* Small sample size; interpret with caution.

Question 3H: How easy or difficult was it to attend the independent medical exam needed to determine your eligibility for payments?

Ease of Understanding the Process

As in earlier surveys, respondents this year were asked how easy the workers compensation process was for them, as they progressed through the process. (Figure 7) The results show that 72% thought the process was easy and 25% said it was difficult. These proportions are about the same as in 2000. This year, as in 2000, significantly more said the process was easy, than in 1998 (61%), and significantly fewer said the process was difficult (35%).



Key Subgroup Differences

- Respondents who were satisfied with the overall claims experience were more likely than those who were dissatisfied (83% versus 40%) to say the process was easy to understand.
- Those who said the overall claims services were excellent/good were more likely than those who said overall services were fair/poor to say the process was easy (86% versus 41%).

Table 7 displays the resources used to understand the system, as reported by time loss workers who said the process was very easy to understand. Most said they were helped by forms and paperwork provided by L&I (39%), and many said they obtained materials and help from their workplace or union (24%). About one out of five respondents (19%) mentioned information provided by the doctor's office or hospital.

Table 7 – Time Loss Resources Used to Understand Workers' Compensation System - Among Workers Who Said Very Easy -	
	Total (n=99)
Forms, paperwork, letter sent by L & I	39%
Work place, union	24
Doctor's office/hospital	19
L&I claim manager, L&I counselor	11
Past experience, prior claim	4
Other	8
Don't know/Not sure/Refused	5
Question 6B: Where did you get the information or help needed to understand the workers' compensation system? Responses with 1% or less of total response are shown as "Other" response. Multiple response question; proportions may add to more than 100%.	

The proportion of respondents who mention some of these as resources has changed over the course of the study. For example, the proportion of those who name the workplace or union has grown considerably from the baseline study: in 1998, 13% mentioned the workplace or union; in 2000, 20% gave this response, and in 2003, the proportion increased to 24%. In contrast, the number that mentioned the L&I claim manager or counselor as a resource has dropped: from 23%, in 1998 to 21%, in 2000 to 11%, in the current survey. Naming past experience as a resource has also become less popular (1998 – 12%; 2000 – 15%; 2003 – 4%). And this year, about half as many named the doctor's office or hospital as a resource as in 2000 (2003 – 19%; 2000 – 35%).

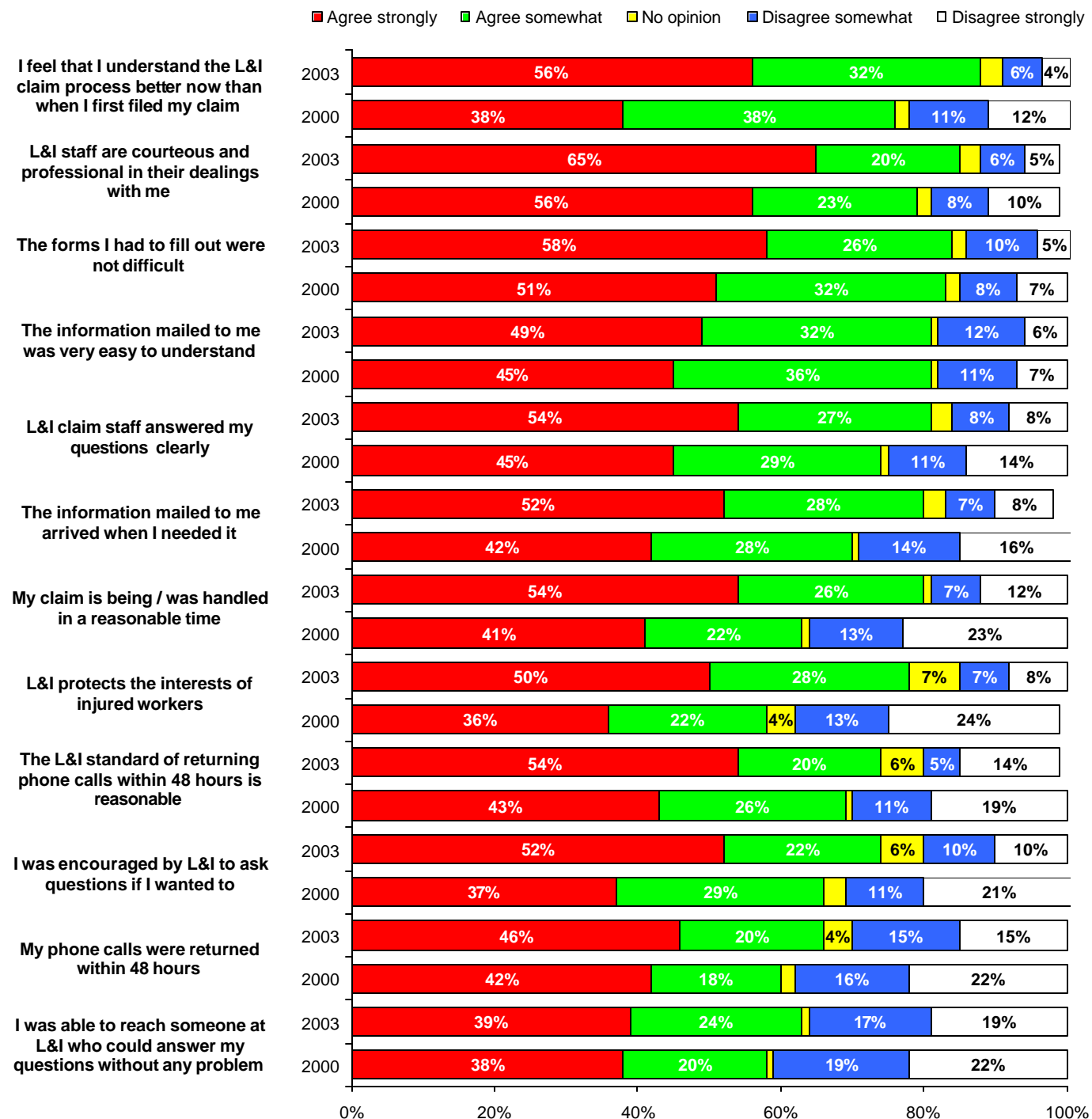
Workers who said the system was anything less than very easy to understand were asked what would help them to better understand it. (Table 8) Similar to previous surveys, having more and/or better personal contact with L&I was suggested more often than anything else (26%). Respondents also said they would like to have a pamphlet or booklet explaining the claim process, and more detailed information (11%, each type of comment).

Table 8 – Time Loss Resources and Suggestions For Making the Workers’ Compensation System More Understandable - Among Workers Who Did Not Say Very Easy -	
	Total (n=215)
More, better L&I personal contact	26%
Pamphlet or booklet explaining claim process	11
More detailed information, more specifics on the process	11
Written material that I understand, simpler terminology	8
Respond more quickly to claims/process faster	7
Adequate as it is	5
L&I should provide materials when person is injured / at doctor’s office so that understanding the process begins earlier	3
Better communication, including between doctor, L&I, employer, and claimant	2
Other	10
Don’t know/Not sure	22
Question 6C: What would help you to better understand the workers’ compensation system? Responses with 1% or less of total response (or 3 or fewer mentions) are shown as “Other” response. Multiple response question; proportions may sum to more than 100%.	

Perceptions of the Process, Staff and L&I Policies

Time loss workers rated their agreement or disagreement with 12 statements that described various aspects of the workers’ compensation claim process. Results of the 2003 and 2000 ratings are shown in Figure 8.

Figure 8 – Time Loss
Agreement with Attribute Statements



Bases (2003 precedes 2000): Q7A = 289/262; Q7B = 284/258; Q7C = 211/202; Q7D = 280/284; Q7E = 224/229; Q7F = 305/289; Q7G = 309/295; Q7H = 295/285; Q7I = 296/276; Q7J = 303/300; Q7K = 297/280; Q7N = 304/297.

Question 7: Based on your experience within the past six months, please tell me how your feel.

For 8 of the 12 items, significant increases occurred in the proportion of those who agreed strongly, and corresponding significant decreases in those who disagreed strongly, indicating an impressive change of opinion about many aspects of the claims experience. These changes are summarized below.

- I understand the claims process better than when I first filed my claim – strongly agree (2003 – 56%; 2000 – 38%; 1998 – 45%); strongly disagree (2003 – 4%; 2000 – 12%; 1998 – 13%)
- L&I staff were courteous and professional – strongly agree (2003 – 65%; 2000 – 56%; 1998 – 51%); strongly disagree (2003 – 5%; 2000 – 10%; 1998 – change not significant)
- L&I answered my questions clearly – strongly agree (2003 – 54%; 2000 – 45%; 1998 – 42%); strongly disagree (2003 – 8%; 2000 – 14%; 1998 – 17%)
- Information arrived in the mail when I needed it - strongly agree (2003 – 52%; 2000 – 42%; 1998 – 37%); strongly disagree (2003 – 8%; 2000 – 16%; 1998 – change not significant)
- My claim is being/was handled in a reasonable amount of time – strongly agree (2003 – 54%; 2000 – 41%; 1998 – 40%); strongly disagree (2003 – 12%; 2000 – 23%; 1998 – 23%)
- L&I protects the interests of injured workers - strongly agree (2003 – 50%; 2000 – 36%; 1998 – 33%); strongly disagree (2003 – 8%; 2000 – 24%; 1998 – 22%)
- I was encouraged by L&I to ask questions - strongly agree (2003 – 52%; 2000 – 37%; 1998 – 33%); strongly disagree (2003 – 10%; 2000 – 21%; 1998 – 28%)

In addition to the changes discussed above, there were significant decreases in proportions who “somewhat” disagree with some of the statements. This adds

evidence to the conclusion that more workers have positive feelings about the claims experience. The changes are summarized as follows:

- I understand the claims process better than when I first filed my claim – somewhat disagree (2003 – 6%; 2000 – 11%; 1998 – change not significant)
- Information arrived in the mail when I needed it - somewhat disagree (2003 – 7%; 2000 – 14%; 1998 – 14%)
- My claim is being/was handled in a reasonable amount of time – somewhat disagree (2003 – 7%; 2000 – 13%; 1998 – change not significant)
- L&I protects the interests of injured workers – somewhat disagree (2003 – 7%; 2000 – 13%; 1998 – change not significant)
- The L&I standard of returning phone calls within 48 hours is reasonable - somewhat disagree (2003 – 5%; 2000 – 11%; 1998 – change not significant)

While the four remaining attribute statements failed to show significant change in opinion, they still showed strong signs of shifting opinion from positive to negative over previous years.

Key Subgroup Differences

- Workers who were satisfied with the overall claims experience were more likely to agree with the following statements than workers who were not satisfied:
 - The information was easy to understand – satisfied (90% agree); not satisfied (52% agree)
 - The information arrived when I needed it – satisfied (88% agree); not satisfied (59% agree)

- My phone calls were returned within 48 hours – satisfied (77% agree); not satisfied (38% agree)
 - The L&I standard of returning phone calls within 48 hours is reasonable - satisfied (79% agree); not satisfied (59% agree)
 - I was able to reach someone at L&I who could answer my questions - satisfied (77% agree); not satisfied (26% agree)
 - The forms I had to fill out were not difficult - satisfied (89% agree); not satisfied (68% agree)
 - I feel that I understand the claim process better now than when I first filed my claim - satisfied (91% agree); not satisfied (75% agree)
 - I was encouraged by L&I to ask questions if I wanted to - satisfied (81% agree); not satisfied (49% agree)
 - L&I claim staff answered my questions clearly - satisfied (90% agree); not satisfied (53% agree)
 - My claim was handled in a reasonable time - satisfied (93% agree); not satisfied (41% agree)
 - L&I staff were courteous and professional in their dealings with me - satisfied (91% agree); not satisfied (66% agree)
 - L&I protects the interests of injured workers - satisfied (88% agree); not satisfied (47% agree)
- Respondents having closed claims were more likely than those having open claims to say they agreed with these statements:
 - The information was easy to understand – closed claims (85% agree); open claims (75% agree)
 - The information arrived when I needed it – closed claims (85% agree); open claims (74% agree)
 - I was able to reach someone at L&I who could answer my questions - closed claims (70% agree); open claims (54% agree)
 - The forms I had to fill out were not difficult - closed claims (89% agree); open claims (76% agree)

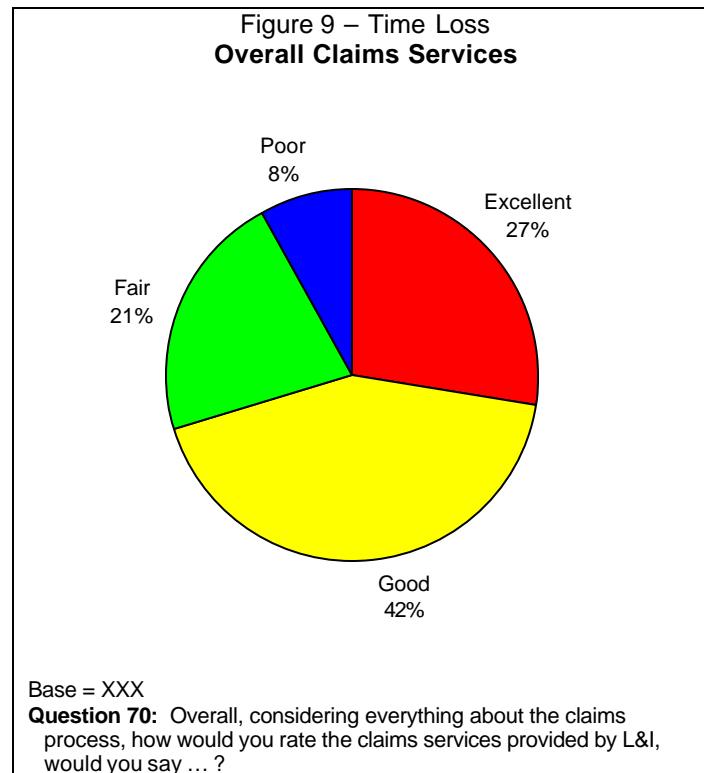
- I feel that I understand the claim process better now than when I first filed my claim - closed claims (92% agree); open claims (80% agree)
- Respondents with closed claims were more likely than those with open claims to say they agree “strongly” with these statements:
 - I was encouraged by L&I to ask questions if I wanted to - closed claims (58% agree strongly); open claims (43% agree strongly)
 - L&I protects the interests of injured workers - closed claims (56% agree strongly); open claims (39% agree strongly)
 - L&I staff were courteous and professional in their dealings with me - closed claims (89% agree strongly); open claims (79% agree strongly)
- Those who rated overall claims services excellent/good were more likely than those who rated overall services fair/poor to agree with the following:
 - The information was easy to understand – excellent/good (95% agree); fair/poor (52% agree)
 - The information arrived when I needed it – excellent/good (89% agree); fair/poor (61% agree)
 - My phone calls were returned within 48 hours – excellent/good (83% agree); fair/poor (34% agree)
 - The L&I standard of returning phone calls within 48 hours is reasonable - excellent/good (84% agree); fair/poor (52% agree)
 - I was able to reach someone at L&I who could answer my questions - excellent/good (81% agree); fair/poor (27% agree)
 - The forms I had to fill out were not difficult - excellent/good (92% agree); fair/poor (67% agree)

- I feel that I understand the claim process better now than when I first filed my claim - excellent/good (94% agree); fair/poor (75% agree)
- I was encouraged by L&I to ask questions if I wanted to - excellent/good (88% agree); fair/poor (40% agree)
- L&I claim staff answered my questions clearly - excellent/good (95% agree); fair/poor (50% agree)
- My claim was handled in a reasonable time - excellent/good (94% agree); fair/poor (45% agree)
- L&I staff were courteous and professional in their dealings with me - excellent/good (94% agree); fair/poor (64% agree)
- L&I protects the interests of injured workers - excellent/good (91% agree); fair/poor (48% agree)

Overall Rating of Claims Experience

Time loss workers were asked to consider everything discussed about the claims process, and give an overall rating of the claims services provided by L&I.

(Figure 9) As the figure shows, over two-thirds (69%) rated the claims services provided positively, with 27% rating the services “excellent” and 42%, “good.”



Key Subgroup Differences

- Respondents who were satisfied with the overall claims experience were more likely than those who were dissatisfied to rate overall claims services “excellent” (36% compared to 1%).
- Workers having closed claims were more likely than workers having open claims to say the overall claims services were “excellent” (33% compared to 20%).

Those who rated it “fair” or “poor” said they did so because a claim was handled poorly, or too slowly (19%), an injury still presented a problem (15%), difficulty getting bills paid (14%), customer service trouble (14%), poor communication with L&I (13%) or too little compassion, or concern shown by L&I (10%). (Table 9)

Table 9 – Time Loss Reasons for Dissatisfaction With The Overall Claims Services Provided - Among Those Who Rated Services Fair / Poor -	
	Total (n=92)
Claim handled poorly / process too slow	19%
Still have a problem / wasn't satisfied with whole program	15
Hard time getting bills paid	14
Customer service is difficult / not helpful	14
Poor communication	13
No compassion / lack of concern for injured	10
Staff is unknowledgeable	8
Customer service fails to provide explanations	7
Too many forms to fill out	5
Good process / good job	5
Other	4
Don't know / Refused	7
<small>*The question was asked of workers who rated the overall claims services “fair” or “poor.”</small> Question 7P: Why do you say that? <small>Multiple response question; proportions may sum to more than 100%.</small>	

Time Loss Workers' Suggestions

Workers suggested a number of changes for improving the claim process (Table 10). About one out of five (20%) requested more contact and communication with the department, including additional communication from the claim manager about the claim activity (11%), and more L&I personal contact (9%). Other comments had to do with better information, for example, making the forms more understandable (7%), and providing more information on benefits, rights and services (5%). Workers also made suggestions for improving the pace of the process and benefits: quicker payments (7%), speed up the claim process (4%).

Suggestions made this year are similar to those made in previous years, with one or two exceptions. The number of suggestions seeking more compassion from L&I decreased to 3% this year, from 13%, in 1998, and 7% in 2000. Fewer suggestions for faster phone service (2%), and a speedier claim process (4%) were heard this year, than in 2000 (13% and 12%, in 2000, each comment respectively). The proportion of those who had no suggestions has remained stable.

Table 10 – Time Loss Suggestions for Improving the Claims Process	
	Total (n=314)
More communication from claim manager on claim activity	11%
More L&I personal contact	9
Quicker payments/ more frequent, weekly payments	7
Make the forms more understandable, simplify	7
Provide more information on benefits, rights, services	5
Better benefits, pay for all time lost, all expenses incurred	5
Better communication between L&I, employer, employee and doctors	4
Speed up the claim process	4
Hire people with more knowledge of personal injuries	4
More compassion from the L&I staff	3
Better doctors/more sympathetic to claimant	2
More investigation of individual claims	2
Faster phone service	2
Nothing, can't think of anything	7
Other (no one suggestion by more than 4%)	6
Don't know/Not sure	29
Refused	1
Question 8: If L&I could make one change that would make the claim process better for you, what would it be? Responses with 1% or less of total response (or 3 or fewer mentions) are shown as "Other" response. Multiple response question; proportions may sum to more than 100%.	

Characteristics of Claims, Contacts and Time Loss Workers Sample

In this year's survey, male respondents comprised 70% of time loss workers. In 2000, 82% of those interviewed were male, about the same as in 1998 (80%).

Of the 314 interviews completed, 94% reported that their injury caused them to be absent from their job for more than three days, comparable to the 92% in 2000 reporting the same thing, and higher than the 85% in 1998. Almost all of those absent for more than three days (95%) reported having received a payment from L&I for the injury (same as 95% in 2000 and 91% 1998).

In this wave of the study, 39% said they had open claims, compared to 58% in 2000 and 55% in 1998. This lower proportion of open claims in 2003 likely has a positive influence on the higher satisfaction rates of 2003.

The number of workers who retained an attorney (3%) was comparable to the 5% of the 2000 time loss workers, both down dramatically from 20% of 1998. The nine 2003 workers who hired an attorney gave as reasons (1) a need to be certain they were being treated fairly, (2) a perception that L&I was unresponsive or uncooperative and (3) a belief that the claim was denied unfairly.

Most 2003 time loss workers (92%) had contact with L&I through the mail, while 71% had contact with L&I over the telephone and 19% talked with someone in person.

Of the 92% who had mail contact, over half (59%) received personalized letters with specific details.

Key Subgroup Differences

- Workers who were not satisfied with the overall claims experience were more likely than those who were satisfied to have had telephone contact with L&I (83% compared to 67%).
- Respondents who gave an overall rating of fair/poor for L&I's claims services were more likely to have had phone contact (79%), compared to those who gave a rating of excellent/good (68%).

Those workers who had contact over the phone were asked what the purpose of the phone contact was. Table 11, below, summarizes their replies.

Table 11 – Time Loss Reasons for Phone Contacts With L&I	
	Total (n=224)
Wanted to know claim status	34%
Wanted to find out what/when I would be paid	20
Questions about claims decisions, concerns about claim	11
Questions about independent medical exam	10
Questions concerning materials or letter sent to me	6
Paper work problems, questions on how to fill out forms	5
Not getting time loss payments on time	4
Wanted to know why I wasn't getting paid any benefits	4
Doctor, other bills not being paid	3
Complaint that claim was closed/want to reopen claim	3
L&I claim manager called to see how I was doing	2
Other	3
Don't know/Not sure/Refused	6
Question 5A: What were the reasons or purpose of the telephone contact? Responses with 1% or less of total response (or 3 or fewer mentions) are shown as "Other" response. Multiple response question; proportions may sum to more than 100%.	

DRIVERS OF SATISFACTION

Earlier studies offered concluding observations about the major determinants of overall satisfaction with the entire claims experience. The 2003 report concludes with similar comments.

However, in comparison to earlier surveys when respondents were asked only one question about their overall perception (satisfaction with the entire claims experience), the 2003 survey asked an additional general question: how did employers and workers rate the overall claims services that were provided to them by L&I?

This year's survey was framed in a way that invited each of these global ratings to be evaluated in terms of a cluster of issues that are closely related to each respective rating.² Stepwise multiple linear regressions were run to determine which of these issues were most important in determining *or driving* the ratings.

Multiple linear regressions were run in two sets (for each group of respondents – employers, medical-only workers and time loss workers). The first set examined the following issues (independent variables) as those most closely related to the dependent variable, satisfaction with the “entire claims experience:”

Employers:

- How L&I allows claims – Q3C3
- How it disburses benefits – Q3C6
- How it handles claim closures – Q3D3
- How easy or difficult it is to obtain information about the claim(s) – Q3E

² The correlation between the two variables that were used as dependent measures for each group of respondents (employers, medical and time loss) was, for each group, positive and extremely high, indicating that either variable could be suitably paired with the independent variables that are listed.

Medical-only Workers:

- Clarity of the decisions regarding the claim – Q2C
- Fairness of the decisions – Q2D
- Ease of getting the claim accepted – Q3A3
- Ease of getting medical bills paid – Q3B3
- Ease of determining available benefits – Q5B3
- Ease of getting through the claims process – Q6A3

Time Loss Workers:

In addition to the issues listed for medical-only workers, these questions were considered as those most closely related to the overall claims experience for time loss workers:

- Ease of getting time loss payments started – Q3C3
- Ease of getting time loss payments to continue – Q3D3
- Timeliness of receiving time loss payments – Q3E3

The second set of linear regressions inputted these questions as the most reliable indicators – independent variables - of “overall claims services.”

Employers:

- The information was easy to understand – Q7A
- The information arrived when I needed it – Q7B
- My phone calls were returned within 48 hours – Q7C
- The standard of returning calls within 48 hours is reasonable – Q7D
- The process took too long in getting my employee(s) back to work – Q7E³
- My questions were answered in a way that I could understand – Q7F
- Our claim(s) was/were handled in a reasonable amount of time – Q7G
- Staff were courteous and professional in their dealings with me – Q7H

³ This was recoded prior to analysis for a positive scale of agreement, similar to other items.

- Staff were able to resolve my concerns/problems with my claims – Q7J
- I was easily able to find the right person at L&I who could answer my questions – Q7K
- L&I protects the interests of employers – Q7N

Medical-only and Time Loss Workers:

- The information was easy to understand – Q7A
- The information arrived when I needed it – Q7B
- My phone calls were returned within 48 hours – Q7C
- The standard of returning calls within 48 hours is reasonable – Q7D
- I was able to reach someone at L&I who could answer my questions without any problem – Q7E
- The forms I had to fill out were not difficult – Q7F
- I understand the claim process better now than when I first filed my claim – Q7G
- I was encouraged to ask questions if I wanted to – Q7H
- Staff answered my questions clearly – Q7I
- My claim was handled in a reasonable time – Q7J
- Staff were courteous and professional in their dealings with me – Q7K
- L&I protects the interests of injured workers – Q7N

Employers

Satisfaction With the Overall Claims Experience

Two issues surfaced from among those tested as the most important determinants of employers' satisfaction with the overall experience:

- Q3C3 – Satisfaction/dissatisfaction with how L&I allows claims. If an employer believes that L&I allows claims fairly, they will be more inclined to be satisfied with the overall claims experience; conversely, if they sense that L&I accepts workers' claims too easily, they will be more inclined to be dissatisfied.
- Q3D3 – Satisfaction/dissatisfaction with how L&I handles claim closures. The perception of how well L&I closes claims - promptly and fairly or with difficulty - will also have a major bearing on overall satisfaction with the claims experience.

Rating of the Overall Claims Services

Two aspects of claims services emerged as key drivers of the overall service rating:

- Q7J – Staff's ability to resolve concerns/problems with claims. Agreement or disagreement that staff was able (or not able) to help when needed, was a prime determinant of the overall service rating. Providing good customer service is crucial in maintaining and improving a good overall service rating.
- Q7N – L&I protects the interests of employers. The more employers agree that L&I protects them, the higher the rating; the less they agree, the lower the rating.

Medical Only Workers

Satisfaction With the Overall Claims Experience

Four questions arose as the most significant drivers of medical only workers' satisfaction with the overall claims experience:

- Q2D - Fairness of claim decisions. The more that workers perceive claims decisions are fairly made, the higher their overall degree of satisfaction.
- Q3B3 – Ease of getting medical bills paid. The easier the process of payment, the greater the level of overall satisfaction.
- Q5B3 – Ease of determining available benefits. If workers believe it is easy to determine available benefits, they will be more satisfied with the overall experience; if they believe it is difficult to learn about benefits that are due, they will be less likely to be satisfied with the experience.
- Q6A3 – Ease of getting through the claims process. It is not surprising that workers who think it is easy to get through the claims process will be inclined to be more satisfied with the overall experience; likewise, those who think it is difficult to get through the process will more likely be dissatisfied with the entire experience.

Rating of the Overall Claims Services

For medical only workers, three aspects of claims services proved to be major drivers of the overall service rating:

- Q7H – I was encouraged to ask questions, if I wanted to. Workers' agreement or disagreement with this statement was a key indicator of what they thought of overall services. L&I staff should offer plenty of opportunities for injured workers to ask questions about the process and services, whenever they can. This concept should be carried over into written materials, too.
- Q7N – L&I protects the interests of injured workers. Agreement with this statement was associated with a positive overall rating of overall services; disagreement was associated with a more negative rating.

- Q7D – The standard of returning phone calls within 48 hours is reasonable. Interestingly, this item emerged as a major driver of ratings, indicating that if a worker believes it is a reasonable standard, he will give a higher service rating. If he believes it is an unreasonable standard of service, he will give a lower overall rating for services.⁴

Time Loss Workers

Rating of the Overall Claims Experience

Of the nine questions considered as particularly relevant to the overall satisfaction rating, four were significant drivers. Three of these were specific to time lost from the job:

- Q2D - Fairness of claim decisions. Similar to medical-only workers, time loss workers who believe that claims decisions are fairly made are more inclined to feel more satisfied with the overall claims experience; those who think they are unfairly made will be more inclined to be dissatisfied.
- Q3C3 – Ease of getting time loss payments started. A higher satisfaction rating was associated with perceived ease, while a lower rating was associated with perceived difficulty.
- Q3E3 – Frequency of getting time loss payments on time. Workers who always receive their payments on time will be more satisfied with the overall experience.
- Q3D3 – Ease of getting time loss payment to continue throughout eligibility. An important determinant in overall satisfaction is having workers trust that lost time payments will continue, as they are needed.

⁴ It may be useful in some future survey to ask workers about having phone calls returned in a shorter time frame.

Rating of the Overall Claims Services

Among time loss workers, five aspects emerged as important drivers of the rating of overall claims services. These are listed below:

- Q7N – L&I protects the interests of injured workers. The extent to which workers agreed or disagreed with this item clearly affected their overall rating for claims services.
- Q7J – My claim was handled in a reasonable time. Workers having lost time from the job have a particular interest in timely claim processing, which is indicated by the strong positive association with the services rating.
- Q7H – I was encouraged to ask questions, if I wanted to. Similar to medical-only workers, time loss workers' agreement or disagreement with this statement surfaced as key driver of the rating for overall services.
- Q7I – L&I staff answered my questions clearly. Staff assistance in answering workers' questions was a fourth major driver of the overall service rating among time loss workers.
- Q7E – I was able to reach someone at L&I who could answer my questions. The fact that this statement - the third made about staff's handling of questions - emerged as a major driver of the overall service rating is strong evidence of the need for L&I staff to be willing and able to field a variety of questions from time loss workers.

APPENDIX

Employers Questionnaire**INTRO:**

COMPANY <comp> ADDRESS <addr> CITY <city>

ASK TO SPEAK WITH THE PERSON WHO HANDLES L AND I CLAIMS FOR THIS WORK SITE

Hello, I'm _____ of Gilmore Research Group in Seattle. We are calling on behalf of the Washington State Department of Labor & Industries, also known as L and I. We are conducting a brief survey regarding L and I claim services to Washington employers and your organization was randomly selected to be included in the survey. Are you the person who handles L and I claims for your organization?

VERIFY SITE ADDRESS IF NECESSARY.

IF NOT HANDLED BY ANYONE THERE/DONE BY AN OUTSIDE, THIRD PARTY ADMINISTRATOR, ASK: This survey asks about overall impressions of and satisfaction with the L and I claims process, not about any of the technical details. Would you be able to answer those questions for us?

IF YES, ASK: Is this a good time to speak with me?

INT02:

First, may I verify that you have had at least one Washington employee L&I claim that was active since July 1, 2002?

Yes, one claim 91

Yes, more than one claim 92

Q1B:

Do you currently have any active claims with L&I?

Yes 1

No 2

Don't know/Not sure 7

Refused 9

Q1C:

Thinking just of the <claim/claims >active since last July 1, did you know, prior to the filing of a claim that the employee had been injured at work?

Yes/Yes knew about all 1

Some yes, some no 2

No/knew about none 3

Don't know/Not sure 7

Refused 9

Q3A3: COMBINED QUESTION

Again, thinking only about the<word >active since last July 1, how do you feel about your overall experience with the L&I claims process? Would you say you are. . .

Very satisfied.....	1
Somewhat satisfied.....	2
Somewhat dissatisfied.....	3
Or very dissatisfied.....	4
Don't know/No opinion - DO NOT READ.....	7
Both satisfied and dissatisfied/Neutral - DO NOT READ	8
Refused - DO NOT READ.....	9

Q3B:

Why do you say that? IF A PROBLEM WAS MENTIONED, ASK: Was the problem due to a doctor, employee, L&I or something else? PROBE FOR SPECIFICS

=> +1 if Q3A3=7,9

RECORD COMMENTS	01	O
No trouble, no problems, claim process went smoothly	02	N
Process was quick, didn't take long at all	03	N
Return phone calls quickly	05	N
Good communication, good service, keep me informed.....	06	N
Claim manager professional, prompt, courteous, polite.....	07	N
Forms easy to fill out, straight forward	09	N
L&I fair, payments allowed seemed adequate.....	10	N
Satisfied but no one is perfect.....	11	N
Other positive	15	N
Process took too long.....	23	N
Do not return calls in a reasonable time, takes many days for a return call	25	N
Poor communication, bad service, do not keep me informed	26	N
Claim manager not professional, rude.....	27	N
Forms hard to fill out, not straight forward, confusing	29	N
Forms lost by L&I, forms had to be resubmitted, forms incomplete.....	30	N
L&I is too liberal; payments allowed too high/too long a time; review claims more regularly	31	N
Question validity of claims, L&I allowed "bogus" claims, not work injury	32	N
More investigation needed on claims, research extent of injury, length of time loss.....	33	N
Allow more input from employer; too difficult to protest claims	34	N
Get claims info to employers faster/give employer copies of forms before decisions are made	35	N
L&I is biased towards employees	36	N
Cost issues - premium cost.....	37	N
L&I not consistent in the quality of its service, some claims managers are very good, others very slow	38	N
A lot of paperwork/seems redundant.....	39	N
Other Negative	45	N
Neutral	46	N
Not enough experience to say.....	47	N
Other.....	97	N
Don't know/Not sure	98	X
Refused.....	99	X

Q3C3: COMBINED QUESTION

How satisfied or dissatisfied are you with the way L&I "allows" claims?

Very satisfied.....	1
Somewhat satisfied.....	2
Somewhat dissatisfied.....	3
Or very dissatisfied.....	4
Don't know/No opinion - DO NOT READ.....	7
Both satisfied and dissatisfied/Neutral - DO NOT READ	8
Refused - DO NOT READ.....	9

Q3C3A:**PROBE AND CLARIFY**

Why do you say that?

=> +1if NOT Q3C3=3,4

RECORD COMMENTS	01	O
L&I is too liberal; payments allowed too high/too long a time	02	N
Give employee too much benefit of doubt, don't listen to employer side; not objective; allows bogus claims	03	N
L&I not liberal enough, not generous enough; cut employee off from benefits too quickly; don't give enough benefit of doubt to employee	04	N
We don't get the formal statement of what has been allowed (approved) until the claim is closed; get it too late to do anything about it; not notified	05	N
Medical conditions not well defined; can't tell if the medical situation warrants the amount approved on the claim.....	06	N
Claims manager did not research enough any pre-existing condition to see if there was a prior claim on this injury; L&I should investigate more	07	N
Doctors take advantage of the L&I claim process, they "milk" the system; doctors prolong claim.....	08	N
Other.....	97	XN
Don't know/Not sure.....	98	X
Refused.....	99	X

Q3C6: COMBINED QUESTION

How satisfied or dissatisfied are you with the procedures for disbursing benefits?

Very satisfied.....	1
Somewhat satisfied.....	2
Somewhat dissatisfied.....	3
Or very dissatisfied.....	4
Don't know/No opinion - DO NOT READ.....	7
Both satisfied and dissatisfied/Neutral - DO NOT READ	8
Refused - DO NOT READ.....	9

Q3C7:**PROBE AND CLARIFY**

What are you dissatisfied with in those procedures?

=> +1if NOT Q3C6=3,4

RECORD COMMENTS	01	O
Didn't feel that injury warranted time loss.....	02	N
Felt that injury should have been time loss.....	03	N
Didn't feel that injury warranted the size of payment allowed, computation of time loss not standardized	04	N
Felt that injury should have had a larger payment allowed	05	N
Didn't feel that injury warranted vocational rehab	06	N
Felt that injury should have had vocational rehab.....	07	N
We don't get formal statement of what has been allowed until the claim is closed/too late to do anything/not notified by L&I until after payment goes to.....	08	N
L&I doesn't, or takes too long to collect over payments.....	09	N
Process too slow, takes too long, too much paper work	10	N
They don't investigate enough before they disburse funds.....	11	N
Other.....	97	N
Don't know/Not sure.....	98	X
Refused.....	99	X

Q3D3: COMBINED QUESTION

How satisfied or dissatisfied are you with the way L&I handles claim closures?

Very satisfied.....	1
Somewhat satisfied.....	2
Somewhat dissatisfied.....	3
Or very dissatisfied.....	4
Don't know/No opinion - DO NOT READ	7
Both satisfied and dissatisfied/Neutral - DO NOT READ	8
Refused - DO NOT READ.....	9

Q3D4:**PROBE AND CLARIFY**

Why do you say that?

=> +1if NOT Q3D3=3,4

RECORD COMMENTS	01	O
Claim not closed quick enough; takes too long to close; don't close claims even when employee back to work.....	02	N
Claim closed before cut-off date.....	03	N
Protest was not handled in timely manner.....	04	N
IME (independent medical exam) was not done in a timely manner.....	05	N
Not notified when claim closes	06	N
L&I reopens claims with no information to employer.....	07	N
Bogus claims/not investigated.....	08	N
Other.....	97	N
Don't know/Not sure.....	98	X
Refused.....	99	X

Q3E:**READ 1 -4**

How easy or difficult was it for you to find out information about your<word >?

Very easy.....	1
Somewhat easy.....	2
Somewhat difficult	3
Or very difficult.....	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6

Q4A:

Has your company filed a protest with L&I within the past two years?

Yes.....	1	
No	2	=> Q5
Don't know/Not sure	7	=> Q5
Refused.....	9	=> Q5

Q4B3: COMBINED QUESTION

Thinking of the decision made in response to your protest, how did you feel about the explanation L&I provided on that decision, was the explanation. . .

Very clear.....	1
Somewhat clear.....	2
Not very clear	3
Or not at all clear.....	4
Don't know/Not sure - DO NOT READ.....	7
Refused - DO NOT READ.....	9

Q5:**READ 1 -3 UP TO 3 RESPONSES**

Since July 1, 2002, in which of the following ways did you and L & I staff have contact about one of your claims, did you. .

Talk by telephone.....	01	
Talk in person.....	02	
Or receive anything in the mail	03	
Fax.....	04	N
Email	05	N
Through third party.....	06	N
Other (SPECIFY:) - DO NOT READ.....	96	O
Don't know/Don't recall - DO NOT READ.....	97	X
Never had any contact with L&I - DO NOT READ.....	98	X
Refused - DO NOT READ.....	99	X

Q5A1:**UP TO 2 RESPONSES**

Was the mail a form letter, with general information or forms to fill out, or was it a personalized letter with specific details about your employees claim?

=> +1if NOT Q5=03

Form letter/Forms	01	
Personalized letter/Specific details	02	
Other (SPECIFY:)	97	O
Don't know/Don't recall	98	X
Refused.....	99	X

Q5A:**CLARIFY**

What were the reasons, or purpose of the telephone contact?

=> +1if NOT Q5=01

RECORD COMMENTS	01	O
Wanted to know claim status; what was going on with claim, where things stood, what was going on	02	N
Concerns about the validity of claim; wanted to express concerns about whether injury was valid.....	03	N
Questions about payments of time loss benefits; when start/stop, how much, etc.....	04	N
Disagreement with decisions to pay benefits or allow validity of claim.....	05	N
Request information about why a decision was overturned.....	06	N
Complaints about doctor, doctor decisions.....	07	N
Complaints about injured worker activities .i.e. injured person doing things that should allow him to come back to work.....	08	N
Complaints about vocational decisions; decisions that person cant return to work without retraining.....	09	N
Concerns/complaints that the claim is still open	10	N
Concerns/complaints about liability on occupational disease claims	11	N
To tell claims manager that we have work available for injured worker.....	12	N
Request information about a claim that had been re-opened	13	N
To verify information on claim; to collect more info for claim form/fill in missing info.....	14	N
Other.....	97	N
Don't know/Not sure	98	X
Refused.....	99	X

Q6C: COMBINED QUESTION

As you may know, the form the employer fills out regarding the circumstances surrounding the accident is called "the Employer's portion of the Report of Accident". Whenever one of your employees has been injured at work, have you received this employer's form. . .

Always	1
Usually	2
Sometimes	3
Seldom.....	4
Or never	5
Don't know/No opinion - DO NOT READ	7
Refused - DO NOT READ.....	9

Q6CC: COMBINED QUESTION

How well does this form allow you to provide the information YOU think is important for L&I to know about your claim, would you say the form works. . .

Very well.....	1
Pretty well	2
Not too well	3
Or not at all well	4
Don't know/No opinion - DO NOT READ	7
Refused - DO NOT READ.....	9

Q7:

I'm going to read several statements about L&I claim experiences. Based on your experience since July, 2002, please tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly. If any statement does not apply to you, just let me know.

Continue 1 D

Q7A:

READ AS NEEDED: *Would you say. . .READ 1-4*

(Based on your experience since July of 2002. . .)

The information mailed to me was easy to understand.

=> +1if NOT Q5=03

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7B:*READ AS NEEDED: Would you say. . .READ 1-4*

(Based on your experience since July of 2002. . .)

The information mailed to me arrived in a reasonable time.

=> +1if NOT Q5=03

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7C:*READ AS NEEDED: Would you say. . .READ 1-4*

(Based on your experience since July of 2002. . .)

My phone calls were returned within 48 hours.

=> +1if NOT Q5=01

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7D:

(Based on your experience since July of 2002. . .)

The L&I standard of returning phone calls within 48 hours is reasonable.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7E:**READ AS NEEDED: Would you say. . .READ 1-4**

(Based on your experience since July of 2002. . .)

The process took too long in getting my <employee/employees>back to work. VERIFY, IF AGREE: "Okay, you're saying you agree somewhat or strongly, meaning that the process DID take too long, is that right?" VERIFY, IF DISAGREE: "Just let me confirm, you've said you disagree somewhat or strongly, meaning you do NOT feel it took too long for your employee to get back to work, is that correct?"

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7F:**READ AS NEEDED: Would you say. . .READ 1-4**

(Based on your experience since July of 2002. . .)

My questions to L&I were answered in a way that I could understand

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7G:**READ AS NEEDED: Would you say. . .READ 1-4**

(Based on your experience since July of 2002. . .)

Our<employees/employee><claims/claim><were/was>handled in what I felt was a reasonable time.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7H:*READ AS NEEDED: Would you say. . .READ 1-4*

(Based on your experience since July of 2002. . .)

L&I claims staff were courteous and professional in their dealings with me.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7J:*READ AS NEEDED: Would you say. . .READ 1-4*

(Based on your experience since July of 2002. . .)

L&I claims staff were able to resolve my concerns about or problems with my claims.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7K:*READ AS NEEDED: Would you say. . .READ 1-4*

(Based on your experience since July of 2002. . .)

I was easily able to find the right person at L&I who could answer my questions.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7N:*READ AS NEEDED: Would you say. . .READ 1-4*

(Based on your experience since July of 2002. . .)

L&I protects the interests of employers.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7O:**READ 1 -4**

Overall, considering everything about the claims process, how would you rate the claims services provided by L&I, would you say...

Excellent	1
Good.....	2
Fair.....	3
Or poor.....	4
Don't know/Not sure - DO NOT READ.....	7
Refused - DO NOT READ.....	9

Q7P:**CLARIFY**

Why do you say that?

=> +1if NOT Q7O=3,4

RECORD COMMENTS	01	O
Fair/ do a good job.....	02	NO
Customer service doesn't explain things or answer questions.....	03	NO
More contact by phone or letter needed/ hard to reach anyone		
/ understaffed	04	NO
Too liberal/ hand out too much money/ let claims go on to long	05	NO
False claims/ let scam artists use the system.....	06	NO
Takes a long time to process a claim.....	07	NO
Lots of forms/ too much red tape/ complicated forms	08	NO
Do not protect the employee or employer/ need to look at employer		
/ employee situations	09	NO
Do not work on the behalf of the employer/ Side with the employee		
/ too one sided.....	10	NO
Dealt with them in the past/ feel negative towards L&I	12	NO
Don't know/Not sure	98	X
Refused	99	X

Q8:**CLARIFY**

If L&I could make one change that would have made the claim process better for you, what would it be?

RECORD COMMENTS	01	O
Nothing/Can't think of anything.....	02	N
Update forms, make forms fit info needed better, allow more room on forms	03	N
Simplify claim form; too complicated	04	N
More detailed written info, more specifics on the process	05	N
Shorter forms, takes too long to fill out forms	06	N
Hire more staff/Be more accessible/Have managers handle fewer claims	07	N
Get employees back to work sooner.....	08	N
Reduce your rate to employers, reduce premiums	09	N
Abolish L&I, privatize it	10	N
More L & I personal contact.....	11	N
Speed up the claim process, takes too long to process claim, handle claim quicker	12	N
Allow us to work with the same claims manager.....	13	N
More communication from claim manager on claim activity, decisions, closing claim.....	14	N
Better or more communications between doctors and L&I.....	15	N
More local contact; local phone number, toll free number, don't want to have to contact Olympia	16	N
Faster phone service, no electronic phone system	17	N
Issues concerning doctors, investigate to make sure they're honest, support their decisions, provide info on claims procedures, work more closely	18	N
L&I is too liberal, payments allowed too high/too long a time; review claims more regularly	31	N
Question validity of claims, L&I allowed bogus claims, not work injury	32	N
More investigation needed on claims, research extent of injury, length of time loss.....	33	N
Allow more input from employers; too difficult to protest claims	34	N
Get claims info to employers faster; give employers copies of forms before decisions are made.....	35	N
Establish Internet access, work site for processing claims, email, fax, etc. for relay of information.....	36	N
Other.....	97	N
Don't know/Not sure	98	X
Refused.....	99	X

Q8A:

What is your title?

RECORD COMMENTS	01	O
Owner/Co-owner/Proprietor/partner/Landlord	02	N
President/CEO	03	N
Vice President.....	04	N
Director/Exec Director.....	05	N
CCFO/High ranking financial position	06	N
General manager/superintendent.....	07	N
Administrator/supervisor.....	08	N
Office manager/office administrator/office supervisor /administrative assistant.....	09	N
Other manager	10	N
Assistant manager.....	11	N
Controller/Accountant.....	12	N
Bookkeeper/accounts payable/payroll clerk.....	13	N
Secretary/Office assistant.....	14	N
Treasurer/Secretary treasurer.....	15	N
Personnel: Human resources director/Manager/Administrator.....	16	N
Safety officer/director	17	N
Clerk.....	18	N
Benefits administrator/coordinator/manager.....	19	N
Other.....	97	N
Refused.....	99	

Q9:

May we contact you again if we do any further research on the topic of satisfaction with L&I?

Yes.....	1
No	2
Don't know/Refused	3

INT01:

That concludes my questions. Thank you very much for your time and cooperation.

Completed Interview.....	01	D	=> /ATMPT
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Workers Questionnaire

TIMEL:

Time loss from sample

Time loss..... 1

Medical only 2

INTRO:

ASK TO SPEAK TO: <resp >

Hello, I'm ____ of Gilmore Research Group in Seattle. We are calling on behalf of the Washington State Department of Labor & Industries, also known as "L&I." We are conducting a brief survey regarding L&I claims services to injured Washington workers and your name was randomly selected to be included in the survey.

INT02:

First, I want to tell you that a letter about this survey has been sent to the attorney representing your L&I claim. The letter explains what the survey is about and why it is being done. The letter also explains that the survey is not related in any way to your case. May I ask you the survey questions?

=> +1if NOT ATTOR=1

Continue 91

INT03:

May I verify that you did have a work-related injury and that an L&I claim for that injury was active at some point since July 1, 2002?

Yes..... 91

Q1C:

Did this injury cause you to be absent from your job for more than three days?

Yes..... 1

No 2

Don't know/Not sure 7

Refused 9

Q1C1:

Have you received any payments from L&I for this injury?

=> +1if NOT Q1C=1

Yes..... 1

No 2

Don't know/Not sure 7

Refused 9

Q1D:

Is the claim on this injury currently open or closed?

Open.....	1
Closed.....	2
Don't know/Not sure.....	7
Refused.....	9

Q2A3: COMBINED QUESTION

Before we discuss any specific circumstances regarding your claim, I'd like to ask how you feel about your overall experience with the L&I claims process. Would you say you are. . .

Very satisfied.....	1
Somewhat satisfied.....	2
Somewhat dissatisfied.....	3
Or very dissatisfied.....	4
Don't know/No opinion - DO NOT READ.....	7
Neither satisfied nor dissatisfied - DO NOT READ.....	8
Refused - DO NOT READ.....	9

Q2B:

Why do you say that? IF PROBLEM IS MENTIONED, ASK: Was the problem due to a doctor, employer, L&I or something else? PROBE FOR SPECIFICS.

=> +1if Q2A3=7,9

RECORD COMMENTS	01	O
No trouble, no problems, claim process went smoothly; paid the claim; satisfaction with process, results/prompt, fast, efficient	02	N
I was paid for time loss, received payments.....	03	N
I started receiving payments right away, no delay in payments; checks on time	04	N
Doctor bills paid, medical bills (including medications, therapy, specialists) paid in timely manner.....	05	N
Good communication, L&I accessible, responsive, good service.....	06	N
Claim manager professional, prompt; cooperative; easy to work with	07	N
Liked L&I doctor, independent medical exam went well.....	08	N
Forms easy to fill out, straight forward	09	N
Other positive	15	N
I was not paid for time loss, didn't receive payments	23	N
Payments took too long/delayed/irregular/partial.....	24	N
Doctor bills not paid, medical bills took too long to be paid	25	N
Poor communication, L&I not accessible, bad service; not kept informed of status; not responsive to calls, letters/ignored doctors opinions.....	26	N
Claim manager not professional, process too slow/too long to get approval for treatment	27	N
Didn't like the L&I doctor, didn't like having to do an independent medical exams/didn't agree with L&I doctor/not given proper treatment.....	28	N
Forms hard to fill out, not straight forward, confusing	29	N
Forms lost by L&I, forms had to be resubmitted, forms incomplete.....	30	N
Claim closed too soon; L&I won't reopen claim.....	31	N
Didn't agree with dispersal amount, should have received more money	33	N
L&I sent payment, then asked for money back	36	N
Other negative	45	N
Don't know/Not sure	98	X
Refused.....	99	X

Q2C:

Were the reasons for decisions on your claim made clear to you?

Yes.....	1
Both yes and no	2
No	3
Decision not yet made (VOLUNTEERED)	4
Don't know/Not sure	7
Refused.....	9

Q2C1:

PROBE AND CLARIFY

What wasn't clear to you?

=> +1if NOT Q2C=2,3

RECORD COMMENTS	01	O
Why claim denied (time loss and medical bills), no explanation given.....	02	N
Why claim closed/claim closed with no explanation from L&I /disagreed with decision	03	N
Decisions made regarding the amount of time loss payments not made clear/disagreed with amount	04	N
Decision made regarding medical bill payments, payment of doctor bills not made clear/didn't understand doctors reasoning.....	05	N
Poor communication from L&I about my claim status, lack of information from L&I/process was too slow.....	06	N
Claim process and forms not explained, need more detailed information about filling out forms	07	N
Don't know/Not sure	98	X
Refused.....	99	X

Q2D:

Were the decisions relating to your claim fair?

Yes.....	1
Both yes and no	2
No	3
Don't know/Not sure	7
Refused.....	9

Q2D1:**PROBE AND CLARIFY**

What did you feel was unfair?

=> +1if NOT Q2D=2,3

RECORD COMMENTS	01	O
That my claim was denied, didn't receive any time loss payments,		
medical bills not paid	02	N
Claim closed/claim shouldn't have been closed.....	03	N
Claim closed too fast, should have been left open, went back to		
work too early	04	N
Time loss payments too low, settlements too low.....	05	N
Didn't agree with disability percentages	06	N
Didn't agree with the independent medical evaluation/should be		
able to see doctor of choice.....	07	N
Should have allowed retraining coverage, medical procedures,		
prescriptions not covered.....	08	N
Unfair that claim process takes so long - causes delay in recovery,		
not being able to pay bills	09	N
Investigation of claim unfair/arbitrary/lacking in consideration		
for claimant.....	10	N
Unfair that injury was not given proper treatment/injury still		
a problem.....	11	N
Lack of communication/poor communication unfair - causes		
errors, don't know what is happening.....	12	N
Don't know/Not sure	98	X
Refused	99	X

Q3A3: COMBINED QUESTION

The next few questions are about how easy or difficult it was for you to deal with the major steps of a work-injury claim. First, how easy or difficult was it to get your claim accepted, would you say. . .

Very easy.....	1
Somewhat easy.....	2
Somewhat difficult	3
Or very difficult.....	4
Don't know/No opinion - DO NOT READ.....	7
Refused - DO NOT READ.....	9

Q3B3: COMBINED QUESTION

How easy or difficult was it to get your medical bills paid?

Very easy.....	1
Somewhat easy.....	2
Somewhat difficult	3
Or very difficult.....	4
Don't know/No opinion - DO NOT READ.....	7
Refused - DO NOT READ.....	9

Q3C3: COMBINED QUESTION

How easy or difficult was it to get time loss payments started?

Very easy.....	1
Somewhat easy.....	2
Somewhat difficult	3
Or very difficult.....	4
Don't know/No opinion - DO NOT READ.....	7
Refused - DO NOT READ.....	9

Q3D3: COMBINED QUESTION

How easy or difficult was it to have time loss payments continue as long as you qualified?

Very easy.....	1
Somewhat easy.....	2
Somewhat difficult	3
Or very difficult.....	4
Don't know/No opinion - DO NOT READ.....	7
Refused - DO NOT READ.....	9

Q3D4:**PROBE AND CLARIFY**

Why do you say that?

=> +1if NOT Q3D3=3,4

RECORD COMMENTS	01	O
Took a long time to get checks.....	02	N
If paperwork is late or lost, that delays checks from coming.....	03	N
I had to call, write to get checks to come; had to call repeatedly	04	N
Cold, impersonal, rude, uncaring	05	N
Was back at work before check even arrived.....	06	N
I needed to hire a lawyer to help me	07	N
Doctor needed to send more information, had to wait for doctor to complete forms	08	N
Time loss payments stopped and I wasn't informed	09	N
Disagreed with qualification decisions/payment amounts.....	10	N
Miscommunication with L & I counselor.....	11	N
Lack of attention to claim by manager.....	12	N
Haven't received payment yet.....	13	N
L & I pushed me to get back to work before I was ready	14	N
Claim under constant review	15	N
Don't know/Not sure	98	X
Refused.....	99	X

Q3E3: COMBINED QUESTION

How often<do/did>you receive your time loss payments on time, would you say.

Always	1
Usually	2
Sometimes	3
Seldom.....	4
Never.....	5
Don't Know/No Opinion.....	7
Refused.....	9

Q3G:

Did you receive a permanent partial disability payment, also known as a "PPD" payment?

Yes.....	1	
No	2	=> Q4
Don't know/Not sure	7	=> Q4
Refused	9	=> Q4

Q3H3: COMBINED QUESTION

How easy or difficult was it to attend the independent medical examination to determine your eligibility for a PPD payment. . .

Very easy.....	1
Somewhat easy.....	2
Somewhat difficult	3
Or very difficult.....	4
Don't know/No opinion - DO NOT READ.....	7
Refused - DO NOT READ.....	9

Q3I:

Was the medical examination complete and accurate?

Yes.....	1
Yes and no/some were, some weren't	2
No	3
Don't know/Not sure	7
Refused.....	9

Q4:**PROBE AND CLARIFY**

Why did you decide to hire an attorney to help with your claim?

=> +1 if NOT ATTOR=1

RECORD COMMENTS	01	O
To be sure I was being treated fairly; wanted someone knowledgeable to deal with L & I.....	02	N
Was treated unfairly, claim denied; part of claim denied; they wouldn't pay claim.....	03	N
L&I was unresponsive, uncooperative; figured a lawyer would get their attention	04	N
Don't know/Not sure	98	X
Refused	99	X

Q5:**READ 1-3 UP TO 3 RESPONSES**

Thinking since July 1, 2002, in which of the following ways did you and L&I staff have contact, did you. . .

Talk by telephone.....	01	
Talk in person.....	02	
Or receive anything in the mail	03	
E-mail or fax.....	04	N
Through third party (job, lawyer, hospital, etc.).....	05	N
Other (SPECIFY:) - DO NOT READ	96	O
Don't know/Don't recall - DO NOT READ	97	X
Never had any contact at all with L&I - DO NOT READ.....	98	X
Refused - DO NOT READ.....	99	X

Q5A1:**UP TO 2 RESPONSES**

Was that a form letter, with general information or forms to fill out, or was it a personalized letter with specific details about your claim?

=> +1

si NOT Q5=03

Form letter/Forms	01	
Personalized letter/Specific details	02	
Card/Postcard/Card with my claim number	03	N
Other (SPECIFY:)	97	O
Don't know/Don't recall	98	X
Refused	99	X

Q5A:**CLARIFY**

What were the reasons, or purpose of the telephone contact?

=> +1if NOT Q5=01

RECORD COMMENTS	01	O
Wanted to know claim status: what was going on with claim, where things stood, what was going on, what I should do		
/speed up process	02	N
Questions about claims decisions, concerns about claim/when I could return to work	03	N
Wanted to find out what / when i would be paid , what payment frequency/arrangements would be , why i wasn't getting as much as i thought.....	05	N
Wanted to know why I wasn't getting paid any benefits/Wanted to know why I was being paid benefits	06	N
Not getting time loss payments on time, late payment checks	07	N
Doctor, other medical bills not being paid, checks for bills being sent late.....	08	N
Requesting written materials, forms, set up appointments	10	N
Paper work problems, questions on how to fill out forms	11	N
Questions concerning materials or letters sent to me; message left on answering machine.....	12	N
Questions about independent medical exam, making appointments /more explanation of injury	15	N
Complaint that claim was closed / want to re-open claim	18	N
L&I claim manager called to see how I was doing/what was going on/courtesy call from L&I	19	N
Don't know/Not sure.....	98	X
Refused.....	99	X

Q5B3: COMBINED QUESTION

When you first filed your claim, how easy or difficult was it for you to find out what benefits and services would be available to you, would you say. . .

Very easy.....	1
Somewhat easy.....	2
Somewhat difficult	3
Or very difficult.....	4
Don't know/No opinion - DO NOT READ	7
Refused - DO NOT READ.....	9

Q6A3: COMBINED QUESTION

As you progressed through the claims process<word2>the process to be. . .

Very easy to understand.....	1
Somewhat easy to understand.....	2
Somewhat difficult to understand	3
Or very difficult to understand.....	4
Don't know/No opinion - DO NOT READ	7
Refused - DO NOT READ.....	9

Q6B:**CLARIFY**

Where did you get the information or help needed to understand the workers compensation system? PROBE FOR SPECIFIC SOURCES

=> +1if NOT Q6A3=1

RECORD COMMENTS	01	O
Doctor's office/hospital.....	02	N
L & I claim manager, L & I counselor.....	03	N
Forms, paperwork, letter sent by L & I	04	N
From my attorney.....	05	N
Workplace, union	06	N
From word of mouth/friends/family	07	N
Past experience, prior claim.....	08	N
Didn't need any help	09	N
Don't know/Not sure.....	98	X
Refused.....	99	X

Q6C:**CLARIFY**

What would help you to better understand the workers compensation system? PROBE FOR SPECIFIC SOURCES

=> +1if Q6A3=1

RECORD COMMENTS	01	O
Adequate as it is	00	N
More, better L & I personal contact, more contact with my claim manager, better/simpler explanations/have only one claim's manager to deal with	02	N
L & I be proactive and provide materials to worksites/conduct classes	03	N
Written material that I understand, simpler terminology	04	N
Respond more quickly to claims/process faster.....	05	N
L&I provide materials when person is injured/at doctors office /at work so you know process from the beginning, not weeks later	06	N
Be honest/fair to injured workers	07	N
Pamphlet or booklet explaining claim process/benefits/calculations.....	08	N
More detailed information, more specifics on the process/more knowledgeable personnel.....	09	N
More compassion, empathy, consideration for claimant	11	N
Better communication, including between doctor, L&I, employer, and claimant	14	N
Don't know/Not sure	98	X
Refused.....	99	X

Q7:

I'm going to read several statements about L&I claim experiences. Based on your experience since July of 2002, please tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly with each statement. If any statement does not apply to you, just let me know.

Continue 1 D

Q7A:

READ AS NEEDED: Would you say you. . READ 1-4

(Based on your experience since July of 2002)

The information mailed to me was easy to understand.

=> +1

si NOT Q5=03

- Agree strongly 1
- Agree somewhat..... 2
- Disagree somewhat..... 3
- Or disagree strongly 4
- Don't know/Not sure - DO NOT READ 5
- Refused - DO NOT READ..... 6
- Does not apply - DO NOT READ..... 7

Q7B:

READ AS NEEDED: Would you say you. . READ 1-4

(Based on your experience since July of 2002)

The information mailed to me arrived when I needed it.

=> +1

si NOT Q5=03

- Agree strongly 1
- Agree somewhat..... 2
- Disagree somewhat..... 3
- Or disagree strongly 4
- Don't know/Not sure - DO NOT READ 5
- Refused - DO NOT READ..... 6
- Does not apply - DO NOT READ..... 7

Q7C:

READ AS NEEDED: Would you say you. . READ 1-4

(Based on your experience since July of 2002)

My phone calls were returned within 48 hours.

=> +1

si NOT Q5=01

- Agree strongly 1
- Agree somewhat..... 2
- Disagree somewhat..... 3
- Or disagree strongly 4
- Don't know/Not sure - DO NOT READ 5
- Refused - DO NOT READ..... 6
- Does not apply - DO NOT READ..... 7

Q7D:*READ AS NEEDED: Would you say you. . READ 1-4*

(Based on your experience since July of 2002)

The L&I standard of returning phone calls within 48 hours is reasonable.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7E:*READ AS NEEDED: Would you say you. . READ 1-4*

I was able to reach someone at L&I who could answer my questions without any problem.

=> +1

si NOT Q5=01,02

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7F:*READ AS NEEDED: Would you say you. . READ 1-4*

(Based on your experience since July of 2002)

The forms I had to fill out were not difficult.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7G:*READ AS NEEDED: Would you say you. . READ 1-4*

(Based on your experience since July of 2002)

I feel that I understand the L&I claim process better now than when I first filed my claim.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7H:

READ AS NEEDED: Would you say you. . READ 1-4

(Based on your experience since July of 2002)

I was encouraged by L&I to ask questions if I wanted to.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7I:

READ AS NEEDED: Would you say you. . READ 1-4

(Based on your experience since July of 2002)

L&I claim staff answered my questions clearly.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7J:

READ AS NEEDED: Would you say you. . READ 1-4

(Based on your experience since July of 2002)

My claim<word3>handled in a reasonable time.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7K:

READ AS NEEDED: Would you say you. . READ 1-4

(Based on your experience since July of 2002)

L&I staff were courteous and professional in their dealings with me.

Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7N:**READ AS NEEDED:** *Would you say you. . READ 1 -4*

(Based on your experience since July of 2002)

L&I protects the interests of injured workers	
Agree strongly	1
Agree somewhat.....	2
Disagree somewhat.....	3
Or disagree strongly	4
Don't know/Not sure - DO NOT READ.....	5
Refused - DO NOT READ.....	6
Does not apply - DO NOT READ.....	7

Q7O:**READ 1 -4**

Overall, considering everything about the claims process, how would you rate the claims services provided by L & I, would you say...

Excellent.....	1
Good.....	2
Fair.....	3
Or poor.....	4
Don't know/Not sure - DO NOT READ.....	7
Refused - DO NOT READ.....	9

Q7P:**CLARIFY**

Why is that?

=> +1

si NOT Q7O=3,4

RECORD COMMENTS	01	O
Good process/ Do a good job.....	02	NO
Customer service doesn't explain things / or answer questions	03	NO
Rude service/ not helpful/ give you the run around/ difficult to work with.....	04	NO
Not knowledgeable/ not professional.....	05	NO
Poor communication/ never return calls/ hard to get ahold of the claim manager	06	NO
Do not care/ no compassion/ lack of concern for the injured person.....	07	NO
Claim handled poorly/ claim process too slow.....	08	NO
Hard time getting them to pay our bills/ late checks/ never paid us / changed payment dates	09	NO
Less paperwork/ too many forms to fill out	10	NO
Still have a problem / wasn't satisfied with the whole program.....	11	NO
Let scan artists use the system/ false claims	12	NO
Don't know/Not sure.....	98	X
Refused.....	99	X

Q8:**CLARIFY**

If L&I could make one change that would<word4>the claim process better for you, what would it be?

RECORD COMMENTS	01	O
Nothing, can't think of anything.....	00	N
Speed up the claim process	02	N
Quicker payments/more frequent, weekly payments	03	N
More compassion from the L & I staff.....	04	N
Faster phone service	05	N
Better communication between L & I, employer, employee, and doctors	06	N
Hire people with more knowledge of personal injuries	07	N
Make the forms more understandable/simplify/easier to understand.....	08	N
Better doctors/more sympathetic to claimant/let us use our own doctor	09	N
More communication from claim manager on claim activity /procedures to follow.....	10	N
Set up a 1-800 number for us to call	11	N
More investigation of individual claims	12	N
More L & I personal contact/Have same claim manager.....	13	N
Better benefits/pay all time lost, all expenses incurred	15	N
Rely more on doctor's advice and recommendations	17	N
More info on benefits, rights, procedures	18	N
Function cost effectively, not cheaply	19	N
Notify or ask before closing claim.....	20	N
Don't know/Not sure	98	X
Refused.....	99	X

Q9:

May we contact you again if we do any further research on the topic of satisfaction with L&I?

=> +1 si NOT ATTOR=1

Yes.....	1
No	2
Don't know/Refused	3

GENDR:**DO NOT ASK!****RECORD GENDER**

Male.....	1
Female	2

LANG:

This survey was done in. . .

English.....	1
Spanish.....	2

INT01:

\$E

That concludes my questions. Thank you very much for your time and cooperation.

Completed Interview.....01 D => /ATMPT
